INCLUSIVE EDUCATION:

A study of Children With Special Needs in Andhra Pradesh

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BY

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CERTIFICATE

This is to certify that the thesis entitled "Inclusive Education: A study of Children With Special Needs in Andhra Pradesh" submitted by Suresh Kumar Digumarthi bearing Reg. No 05SPPH13 in partial fulfillment of the requirements for the award of Doctor of Philosophy in Political Science is a bonafide work carried out by him under my supervision and guidance.

The thesis has not been submitted previously in part or in full to this or any other University or Institution for the award of any degree or diploma.

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DECLARATION

I Suresh Kumar Digumarthi hereby declare that this thesis entitled "Inclusive Education: A study of Children With Special Needs in Andhra Pradesh" submitted by me under the guidance and supervision of Professor G. Sudarshanam is a bonafide research work. I also declare that it has not been submitted previously in part or in full to this University or any other University or Institution for the award of any degree or diploma.

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CHAPTER – I
INTRODUCTION

[*This chapter is an attempt to understand the historical background of India's policies and programs for inclusive education and special needs education. It is also to understand the concept of 'special needs education' and its benefits. It further envisages a brief idea about limitations in educating children with special needs (CWSN). This chapter encompasses a brief note on Indian initiations with reference to education, in general and inclusive education, in particular]*

The concept 'special needs education' has a specific meaning i.e., needs of the 'children with special needs' (CWSN) is considered as right and ensured through specific policies taken up by the government. The special educational needs are referred to the children who have learning difficulties or disabilities that hinder their learning and access to education compared to most children of the same age. The CWSN may need different or additional support from what is provided to other children of the same age. The additional support may not be uniform to everyone and at all times. It depends on the nature of the problems they face, such as difficulties in thinking, understanding, learning, emotional and behavioral difficulties, physical and sensory difficulties and, difficulties with speech and language. Understanding special educational needs of the children is necessary to facilitate appropriate e measures to include the CWSN in schools; otherwise, the school curriculum excludes children with disabilities from education.

Disability Education and Exclusion

The concept of social exclusion, according to French definition, is a rupture of social bonds, on the organic and solidaristic nature of society. It implies that the 'social exclusion' exists within the construction of shared values and rights existing in moral community and the social order. The exclusion reflects in the failure of varied institutional mechanisms in integrating individuals into

society, in turn, creating a possible danger to the social body. The social exclusion is defined as the opposite of social integration, mirroring the social being, and being 'included'. The exclusion of people, for example, from livelihoods, employment, earnings, property, housing, minimum consumption, education, the welfare state, citizenship, personal contacts and respect (Silver, 1994) is evident in the contemporary society. The Social Exclusion, in European context, is defined as 'the process through which individuals or groups are wholly or partially excluded from full participation in the society within which they live' (European foundation, 1195, p.4, quoted in de Haan, 1998, cited in Francis, 2002) and social rights of citizenship to retain basic standards of living and participation in the major social and occupational opportunities of the society (R.R. Singh: 2003).

The social exclusion, according to Aasland and Flotten, is a multidimensional phenomenon and has considered several important living condition variables as proxies; they are (1) exclusion from formal citizenship rights; (2) exclusion from labor market; (3) exclusion from participation in civil society and (4) exclusion from social arenas. Participation in all these arenas suggests that people are not socially excluded, while, indicators of participation and degree of participation makes the difference (Aasland and Flotten, 2000:1028). Francis (2000) locates the strength of social exclusion in its attempt to capture the multifaceted character of social deprivation, in its institutional and cultural aspects.

Amartya Sen (2000) argues that the idea of social exclusion needs to be examined in relation to its utility in providing new insights in understanding the nature of poverty, identifying causes of poverty, contribution to thinking on policy and social action in alleviating poverty. People can be excluded by many different sorts of groups, often at the same time: landlords exclude people from access to land or housing; elite political groups exclude others from legal rights; priests in India may exclude scheduled castes from access to temples;

minorities may be excluded from expressing their identity; labour markets, and also some trade unions exclude people (non-members) from getting jobs; and so on. Hence, exclusion happens at each level of society (Sen: 2000).

To understand exclusion, Silver introduces three paradigms of social exclusion. They are (1) Solidarity Paradigm (2) Specialization Paradigm and (3) Monopoly Paradigm. Each paradigm attributes exclusion to a different cause, different political philosophies of republicanism, liberalism and social democracy, different policy implications, and thus theories of poverty, inequality and citizenship. 'Solidarity' refers to distinctly social relations, in contrast to political or market relations, and is seen as the 'social bond' that ties individuals to the larger society. The state and its citizens have a responsibility to maintain these 'social bonds' and link into the dominant culture. Solidarity views exclusion as a breaking of the social tie, a failure of the relationship between the society and the individual (Silver: 1994).

Societies are composed of individuals with diverse interests and capability, and the structure of society is built around a division of labour and exchange in both economic and social spheres. Exclusion occurs when the capacity of individuals and groups to engage freely in these exchanges is impeded. This may be a consequence of government action or discriminatory practices. 'Monopoly' is influential on the European Left, draws on Weber and Marx and sees exclusion as a consequence of group monopoly. The rules determining access to the more privileged groups also determine who is excluded. The identity of the excluded is thus socially constructed. In this perspective, an extension of citizenship rights to the excluded is seen as combating exclusion (Silver: 1994).

The multidimensionality of exclusion can be seen in the case of disability also. The persons with disability have been denied to be part of the society due to their disability. Disability as an element of social exclusion has deprived

students with disabilities from having a better life in the society. Their opportunities are taken away from their social rights of citizenship, thus stressing the social distance, marginalization and inadequate integration [Silver: 2006]. The concept of social exclusion resonated strongly with the perception of the complex reality encountered by the learning team members in almost every educational framework. The students in these frameworks generally came from lower socio-economic backgrounds, new immigrant groups, ethnic minorities, and/or with familysituations characterized by breakdown, violence, and neglect. They had the potential to succeed but, for some reason,   caught up in a cycle of failure and disruptive behavior [Friedmann at al: 2004; 173].

Notwithstanding all causes given by the society, disability is a neglected issue. Owing to this social exclusion, persons with disabilities (PWD) are repeatedly discriminated, under-estimated and humiliated.. They are denied access to education. They are out of participation [Silver: 2006] in general social life. According to Touraine, exclusion is an issue of being in or out rather than up or down. Similarly, people with disabilities are treated as second grade citizens in the society [Touraine: 1991]. They are driven out of accessing resources in the society.

Disability is both a cause and a consequence because people with disabilities are deprived of social benefits in the society and have been excluded from food, health, potable drinking water and resources. In the Indian context, social exclusion is viewed in terms of basic needs, i.e., food and nutritional security, elementary education, primary health care, access to housing, water supply, sanitation and social security [R.R. Singh: 2003 and Appasamy et.al]. Christine Bradley (1994) has framed four mechanisms to understand exclusion, i.e. geography, entry barriers, corruption and physical violence, which have shown their impact on persons with disabilities. Disability restricts people from moving in geographical locations, limits the entry through structural barriers

and also through emotional violence created on physical basis. As a result, the excluded are becoming objects of humiliation, derision and contempt. In this process of exclusion, market also has been playing a crucial role on disability [Bradley: 1994]. In the context of disability education in India, there is a need for special attention to understand, educate and provide appropriate and adequate facilities to the children with special needs. This idea of "Least Restrictive Environment in Education" was imitated from United States of America in the early 1960s as a movement of 'Mainstreaming' in Scandinavian countries. The Education For all (EFA) campaign of UNESCO, advocating and including Children With Special Needs [Narayan: 1999] was adapted by Government of India in designing preparing programs and policies, and their implementation.

Disability Education and Inclusion

The prime focus is on Education because, it is perceived to be one of the instruments of social change in all the developing countries. The entire gamut of literature on social change places high premium on the role of education as the most important vehicle of social change. However, the emphasis on education in contemporary times does not mean the education was not given its due importance in earlier times nevertheless, it was not adequate. Scholarly concern on the relationship between education and other fields of social interaction is not new. The political philosophers like Plato and Aristotle, have affirmed principles embodied in phrases: "As is the state so is the school" or "what you want in the state, you must put into the school". To elaborate, political thinkers too recognized the association between the educational and political system because education plays a crucial role in political development (Wise and Hauser: 2007; 61). So, education helps in removing political immaturity of people. Paulo Freire says that the greater the political immaturity of the people, the more easily they can be manipulated by those who do not want to lose their power (Merrill at. al: 2001; 115).

A review of the available literature in the field of education, the research infers that magnitude of the studies undertaken in terms of special needs education is far from adequate. There is a strong need for more studies on the multifarious dimensions of education of people with disabilities. Mishra and Gupta (2006) were keen on the limitation of various rehabilitation measures adopted by the government and non-governmental organizations (NGOs) in India. Being the largest minority group in the world, the persons with disabilities, are starved of services and facilities available to the non-disabled and, consequently, they are the least nourished, the least healthy, the least educated, and the least employed. They have a long history of neglect, isolation, segregation, poverty, deprivation, charity, pity and even self-pity. Since the persons with disabilities, as yet, do not have any economic or political or media power in India, they tend to be mostly ignored by society. At this crucial juncture, literacy will give much more meaning to a person with disability, as it lessens her/ his plight and opens up opportunities for development. Madan (2004) says that if India is to claim to be a democracy; we need to create systemic conditions that will support such an equality of access.

The nonexistence of appropriate education and training has always singled out persons with disabilities from family. In such cases, families having children with disabilities were under constant stress of looking after the child with sense of shame. The new concepts of Integration, Normalization and Equal Opportunities of education have, got attention only after World War-II, reflected on growing awareness of the capabilities of persons with disabilities [Sethi:2005]. Hence, the state had to take the responsibility for the well-being of the citizens irrespective of their different socio-economic circumstances [Rao: 2003].

Inclusive Education focuses on family because, the family is supposed to play a very crucial role and responsibility in identifying needs and necessities of children to shape the mind and personality of every child. While emphasizing

education and special needs, Rajesh (2002) feels that the parents and teachers have always been silent and invisible stakeholders in education process. Contrasting to it, some of the initiatives of professionals, NGOs, and social activists in educating and training children with disabilities have helped families to realize the individual abilities of these children (Sethi: 2005).

According to Amita Sharma (2003) the whole thinking on education, at its foundational level, has been sequentialised into access, retention and achievement, as if these are three chronologically progressive stages of history. The physical understanding of school is reflected in this spacing between access and retention and achievement. The spatial identity of the school dominates the understanding of education. This is what marks the school as a site of exclusion. This exclusion is social, cultural and epistemological. The school borrows its cultural paradigms from the socially dominant groups, either rejecting or seeking to modify all other forms of cultural expressions on its own terms.

There is some section of children with developmental disabilities encountering learning disabilities. It means the performance of the child is found to be lower than the expected performance of a particular class level. Some conditions may be easily detected where as others need closer observation and detailed assessment in order to diagnose the condition differently. Nonetheless, nature of support drawn from special education field, depend on specific characteristics of a child's nature of learning difficulties [Rao: 2003].

The present phase of globalization is not only integrating consumer markets but it is also creating new inequalities, unbalanced information flows and challenges to the protection of human rights, particularly with reference to persons with disabilities. Hence, the emergence of new concept of human poverty calls for pro-poor and pro-environment growth and strong civil society alliance (HRD: 1998). In the context of globalisation, Market needs the people who work fast, readily accessible and work long hours, which keeps many

persons with disabilities out of the jobs instead of taking the responsibility of providing them accessibility.

The Concept of Inclusive Education

Education systems have come to be guided by policies to raise educational standards, on the one hand, and by policies to promote inclusion on the other (Norwich: 2008; p.287). A dominant problem in the disability field is the lack of access to education for both children and adults with disabilities. As education is a fundamental right for all, enshrined in the United Nations Universal Declaration of Human Rights, and protected through various international conventions, this is a very serious problem. In a majority of countries, there is a dramatic difference in the educational opportunities provided for children with disabilities and those provided for non-disabled children. It will simply not be possible to realize the goal of Education for All if we do not achieve a complete change in the contemporary situation. Inclusive education is simultaneously a philosophy and a practice, based on particular theories of teaching and learning. The term Inclusive Education as referring to the education of children and youth with disabilities in general education classrooms with their nondisabled peers (Peters: 2007). The process of inclusion means focusing on the system and making it welcoming to all. In case of the children with special needs, inclusion illustrates the shift in services from mere education to personal development. Inclusion is based on recognition of the capacities and potential of all children to develop if the environment is responsive to their needs [Rao: 2003].

Inclusion in education system is more than access to education. This perspective has led the necessity to change traditional techniques and strategies and reflecting on collaborative research projects by teachers, pupils and researchers. It also challenges the classic pedagogy of teaching and lead to conflict between values and goals [Vassilio, S.A and Magda, A.N: 2009]. Considering the fact, Government of India had taken initiatives to provide

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access to education for the children with special needs. One of the great and contemporary initiatives is 'Universalization of Elementary Education' (UEE). Inclusive Education is a process and an entry point to improve the quality of schools. A majority of policy makers said it was just a laudable theory which could not be put into practice. Lack of faith in their own education system is one of the major causes for the hesitation to accept inclusion in letter and spirit along with lack of convergence in teachers' trainings. There is an urgent need for interventions for equipping general teachers with special skills, making general curricula, teaching methods, evaluation procedures, disability-sensitive learning material and skills in addressing the attitudes of other children in the school. This will help in ensuring effectiveness of such interventions. Otherwise Inclusion and Mainstreaming can easily become "main dumping". So, the concept Inclusive Education needs a careful understanding (CBR Network: 2005; 15).

Benefits of Inclusive Education

When the children with disabilities are separated from society - educated in separate classrooms in schools, employed in sheltered workshops, and engaged in separate leisure activities - alienates them from general friendships. On the contrary, having friendly people around, and opportunities to interact and make new friends forms important ingredients of a meaningful life. Learning from peers is a common way of gaining information and developing new skills among children. Young children, in playgroups and pre-schools, learn new words and problem-solving skills from one another. By working together, students are successful and model these behaviors. A student who has difficulty in communicating can learn effective strategies by being with students who use language all day long. A student, who needs to better learn, should be surrounded by other students working diligently at their lessons. At times, all students may find their best teachers are among their peers. It will help the friends to accept the difference. If it is not an inclusive set up, then children without disabilities will not have a chance to get to know about children with

disabilities. Inclusion of all students in a regular education schools, creates opportunities to students and teachers to meet, interact with, and develop relationships among students of varying abilities and disabilities [Handbook for Parents: 1994].

Inclusive Education in India

To achieve the goal of Universalization of Primary Education, the Government has introduced few initiatives like Non-formal education program, Minimum Levels of Learning program, District Primary Education Program and Sarva Sikha Abhiyan. Hence, the education of children with disabilities becomes integral part of these national initiatives for obvious reasons because:

   a) Education for all cannot be completed without including children with special needs

   b) Primary school in the village or in urban block becomes the natural choice keeping in view its proximity, and

   c) Issue of non-discrimination and human rights to prevent children with special needs from segregation, but include them in the mainstream schools.

Inclusion is a broad concept in the national and international arena. It refers to the opportunity for persons with disabilities to participate fully in all of the educational, employment, consumer, recreational, community and domestic activities that typify every society (ILSMH, 1994). The UNESCO Salamanca Statement (1994) calls for inclusive education, stating that "Regular schools with inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving "Education For All" (UNESCO, 1997). Salamanca framework for action, article No.53 states that "The success of the inclusive schools depends considerably on early identification and assessment and stimulation of the very young child with special educational needs" [Rao: 2003]. Similarly, article 45 of the Indian Constitution provides free and

compulsory education for all children below the age of 14 years. Article 41 of the Indian Constitution implies that the State shall make provision for securing the right to work, to education and public assistance in the case of unemployment, old age, sickness and disablement, and in other cases of underserved want [Digumarthi: 2005].

Inclusion is relatively recent phenomenon in India and has unsurprisingly acquired a definition that is less prescriptive but more target oriented. In the process, it has failed to articulate the meaning of inclusion in the national social, cultural and political context [Nangia: 2010] due to which the expected results are not satisfactory.

Historical aspects of Inclusive Education in India

The process of Inclusive Education though has a long history in India however, impact has not been encouraging. The process has been expanding in its scope to the contemporary needs and understanding. In this long journey, the first school for the deaf and mute was set up in 1888. Later, the services for physically disabled were initiated in the middle of the twentieth century but individuals with mental retardation were given the least attention with the first school for the mentally challenged being established only in 1934 (Mishra: 2000). Special education programs in those times were heavily dependent on voluntary initiatives. The Government of India's initiatives, started after independence, were in the form of few workshop units meant primarily for blind adults (Luthra: 1974). These units later included people who were deaf, physically impaired, and mentally retarded (Rohindekar and Usha, 1988) [NCERT: 2006; 1].

Until 1970s the educational policy was segregated. Most educators believed that children with physical, sensory, or intellectual disabilities were so different that they could not participate in the activities of a common school (Advani: 2002). Although educational and social segregation of children with special

needs was the norm in the 1940s and 1950s, the institutional responsibility for their education was with Department for Education –later known as the Department of School Education and Literacy. Education of the children with special needs was considered as welfare issue and transferred to the Ministry of Social Welfare, renamed as Ministry of Social Justice and Empowerment [Nangia: 2010]. Apart from the government, Christian missionaries, in the 1980s started schools for the disabled as charitable undertakings (Mehta: 1982).

It was always the general living conditions and social and economic circumstances which have influenced the standards of persons with disabilities. The history was with social factors like ignorance, neglect, shame, superstition and fear resulted in isolation of persons with disabilities and delayed their development. Over the years, disability policy developed from elementary care at institutions to education for children with special needs and rehabilitation for persons who became disabled during adult life. Through education and rehabilitation, persons with disabilities became more active and a driving force in the further development of disability policy [The standard rules of equalization of opportunities for PWD: 1993].

National Focused Group (NCERT: 2006) has identified four major formulations of disability. They are (1) the charity model, (2) the bio-centric model, (3) the functional model and (4) the human rights model. The charity approach gave birth to a model of custodial care, causing extreme isolation and the marginalization of people with disabilities. It is unfortunate to note the same reflections in the contemporary practices. The bio-centric model of disability regards disability as a medical or genetic condition. The implication remains that disabled persons and their families should strive for "normalization", through medical cures and miracles. In the functional model, entitlement to right is differentiated according to judgments of individual incapacity and the extent to which a person is perceived as being independent

to exercise his/her rights. The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings are born with certain inalienable rights. The relevant concepts in the model are respecting diversity, breaking down the barriers, equality and non-discrimination, reasonable accommodation, creating accessibility, equal participation and inclusion, and to enjoy public and private freedoms [NCERT: 2006; 4-5].

The mentioning of 'inclusion' and education of the disabled in National Policy on Education (NPE) and Program of Action (POA) led to a series of experiments on integrated education in India. Some of them are full- fledged projects like the Project Integrated Education for the Disabled (PIED) and the others as a part of the flagship programs aiming to achieve Universalization of Elementary Education like the District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan (SSA). All these programs have emphasized the need to place Children with Special Needs (CWSN) in regular schools, giving due importance to evolve a broad spectrum of educational models for children with different special needs tailor made to their needs.

Inclusion, as a policy driven by the conviction that all students have a right to be in a regular school and thus try to mainstream all children into the inclusion mode, which can be just as coercive and discriminatory as trying to force all children with special needs into the mold of a special education class/ special schools or any other alternative placement setting.

The Indian Education Commission (1964-66)
The Indian Education Commission was started in 1964-66 to suggest that the education of children with disabilities to be organized not merely on humanitarian grounds, but also on grounds of utility. The Commission observed that although the Indian Constitution had issued specific directives about compulsory education for all, including children with disabilities, very

little had been done in this regard. The commission also emphasized that the education of children with disabilities should be "an inseparable part of general education system" [www.education.nic.in]. The commission has also considered them as essential for economic and cultural development of the county for national integration. At the time when the commission made its recommendations there were less than 250 special schools in India. The Commission felt that services for children with disabilities were extremely inadequate and recommended the adoption to improve the situation. The commission set the following targets to be achieved by 1986: education for about 15 percent of the blind, the deaf and orthopedically handicapped and 5 percent of the mentally retarded. The commission also specifically emphasized the importance of integrated education as a part of this target as it is cost-effective and useful in developing mutual understanding between children with and without disabilities [Puri at al: 2004; 19]. The commission is relevant today because it speaks about equalization of educational opportunities [NPE: 1968; 40].

Integrated Education of the Disabled Children (IEDC, 1974)

Inclusion, as way of integrating children with special needs into regular schools, gained prominence in India since 1970. The Centrally sponsored scheme of Integrated Education for Disabled Children (IEDC) was launched in 1974 by the then Department of Social Welfare and was later transferred to the Department of Education in 1982-83. The Scheme was last revised in 1992. The Scheme provides educational opportunities for children with disabilities in common schools to facilitate their integration and ultimate retention in the general school system. The scheme is being implemented through the Education Departments of State Governments and Union Territories as well as through Non-Governmental Organizations. Under the Scheme of IEDC, 100 percent assistance is being provided under various components for education of children suffering from mild to moderate disabilities in common schools. The components include identification of the children with disabilities, preparing

and providing teaching and learning materials, establishing an administrative cell, assessment of children with disability, facilities regarding children with special needs, appointment of special teachers, facilitating a resource room, provision of instructional material, removal of architectural barriers, and relaxation of rules to promote access to children with disabilities. The scheme IEDC aims at retention in common schools rather than special schools to develop communication and daily living skills at the functional level [Puri at. al: 2004;19].

The implementation procedures were planned with keen interest in IEDC. The primary task was to provide suitable orientation to all the school teachers while conducting a survey to identify children with disabilities in general schools. The responsibility to make arrangements for equipment, learning materials, staff, etc. in order to provide education to children with disabilities was given to state-level cell. The Coordinator of the cell was also responsible for arranging the assessment of the children and monitoring their ongoing progress. The assessment report had to be comprehensive enough for educational programming, i.e. an adequate report on what a particular child can or cannot do during testing situations. The report had to specifically indicate whether the child can be put directly into school or should receive preparation in special school/special preparatory class in the Early Childhood Education Centre specially equipped for this purpose.

Facilities given to the children with disabilities were actual expenses on books and stationary, uniform, transport, escort, reader allowances, and equipment costs. It also includes one attendant for 10 orthopedically impaired students in a school, boarding and lodging charges to school affiliated hostels, and an attendant to severe orthopedically impaired students residing in hostels. Another important area in the process of inclusive education is special teachers, because their need and role is phenomenally important to all children with disabilities except children with locomotor disabilities.

The appointment of special teacher was done at two levels, i.e. primary and secondary. The Primary teachers should have had at least one year course, preferably multi-category, in special education or with specialization in teaching any type of disabled children depending upon the category of children enrolled in the Integrated Education for Disabled Children (IEDC) Units. Such teachers were oriented subsequently in the education of other categories of disability. The secondary teachers could have Graduation with Bachelor of Education (B. Ed Special Education) or any other equivalent professional training in special education. In the case of non availability of qualified special teachers, a short training course was conducted to teachers and appointed with a condition that they will complete the full course within three years of appointment. Since, teacher with experience in Non-Formal Education (NFE) and Adult Education (AE) are likely to have a better understanding of local environment and need, they were also identified for training under the scheme and appointed as special teachers. This training was also extended to staff in the departments because; the successful implementation of the Inclusive Education of the Disabled (IED) depended upon the responsiveness of the administrators and general teachers in the school. A short orientation course for administrators, heads of the institutions and general teachers associated with the implementation of the scheme were organized with the help of NCERT. The orientation programs were for three days in the case of heads of the institutions and five days for general teachers.

Another major aspect was a resource room with all the essential equipment, learning aids and materials provided for a cluster of schools implementing the scheme of integrated education. The NCERT prepared a handbook which indicated the type of facilities which were provided in the resource room. The scheme has clearly noted that the sufficient facilities for production of instructional material for children with different disabilities did not exist in the country. Hence, the availability of requisite teaching/ learning material for the children with disabilities is vital for the successful implementation of the

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scheme, the requirement of such materials is bound to increase with the increased coverage of such children. Finally it also instructed to follow all possible methods to provide education to children with disabilities [http://www.disabilityindia.org/intedu.cfm].

The IEDC scheme was implemented in more than 20,000 schools in India covering 1,20,000 children with disabilities. It aimed to provide educational opportunities for children with mild and moderate disabilities in general schools. According to Indian Education Report 2002 (Rao, at al: 2005, p.38), the integrated education in the case of children with locomotor disability or visual disability is more popular than that of other categories of persons with disabilities (Rao, at al: 2005). If fully implemented, this scheme had capability to change the educational status of more than 30 million children with disabilities who did not have access to any form of education when the scheme was being implemented. However, all this involved quite a large number of challenges both at micro as well as macro levels for the implementing authorities and the society as a whole. Such challenges and hurdles involved the problem of providing training to the key stakeholders, inadequate resources, innovative training programs, co-operation and collaboration among different ministries, coordination between schools and universities etc (www.jagranjosh.com).

All these efforts are just a few steps that have been taken in providing the required educational facilities to the disabled children. Still a great deal needs to be done and accomplished. But this can't be done till the attitudes and thinking of the non-disabled get revised. "The more severe and visible the deformity is, the greater is the fear of contagion, hence the attitudes of aversion and segregation towards the crippled" (Desai, 1990, p.19). Some of religious institutions inculcate dogmatic ideas which lead to the obstacles attempting to prevent inclusion of students with disabilities into regular schools. So it is

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imperative that prejudices and irrational myths concerning disability get alleviated before the actual task of inclusion begins (www.jagranjosh.com).

IEDC was not successful because it never took the classroom teacher into confidence. It was heavily dependent on resource teachers. It continued to label children as children with special needs. In IEDC we saw the child as the problem and never looked at the education system as the problem. Therefore whatever we did in IEDC we did outside the education system and focused on 'using the general education system'. We did not think of building IEDC based on the existing education system. In principle, in India, the IEDC planners were in fact convinced about inclusive principles. But, in practice, it ended up as a resource teaching model which 'used' existing schools (Rao: 2001).

National Policy on Education (NPE, 1986-92)

In 1968, the Indian Government formulated the National Policy on Education for all government schools and articulated a need to integrate students with disabilities [Puri at al: 2004; 20]. Again in 1986, the National Policy on Education devoted a specific section to the education of students with disabilities. Its objective was to integrate the Physically and Mentally Handicapped children with the general community as equal partners, so that their growth would be normal and could face life with courage and confidence. Its emphasis was on educating children with motor handicaps and other mild disabilities in regular schools, whenever feasible. The National Policy also stressed that those children whose needs could not be met in regular schools were to be enrolled in special schools. Children who were already in special schools could be integrated into regular schools as soon as they acquired reasonable levels of daily living, communication and basic academic skills. It also emphasized the need to restructure primary teacher training programs to prepare teachers to deal with the special difficulties of children with disabilities. An assurance was given by government, best possible support, to voluntary efforts in the field of disability education [NPE: 1986].

It was observed that this approach created a positive paradigm shift in teachers, non-disabled children and the community as a whole. But the program did have problems. The program was heavily depended on NGOs for smooth running. Each teacher is allocated at least three schools, not necessarily in the same area. This meant that teachers spent a lot of time in commuting between the schools and spent very little time with the students. And then there is the problem of infrastructure. The number of IRTs are also woefully lesser than what is required to teach students with disability. In some schools, government teachers themselves were handling the children but they have undergone training for only 42 days as compared to the year-long course IRTs have to undergo, which means that their ability to teach children with special needs is questionable (Ravi:2007).

Project Integrated Education for the Disabled (PIED, 1987)

The first pilot project on integrated education in India came in the form of the Project Integrated Education for the Disabled (PIED). The PIED, launched in 1987, was a joint venture of the MHRD and the UNICEF. It was to strengthen the implementation of the IEDC scheme. This project was implemented in one administrative block each in Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation and Baroda Municipal Corporation. In these ten blocks, 5,800 children with special needs were integrated in regular schools [Puri at al: 2004; 20]. The project envisaged coverage of children with all disabilities including the mentally and physically handicapped. The broad outlines of the project were (1) composite area approach for planning and management of educational facilities for children with disabilities; (2) utilization of the general education infrastructure through training and support from multi-category trained resource teachers; (3) utilization of available structures from other sectors like health, welfare, women and child development to support rehabilitation aspects; (4) provision of special teaching learning aids and equipment based on functional

assessment; (5) mobilization of parents and community support; and (6) continuous monitoring of progress of the children in the project area. The NCERT was the implementing agency for this project. [http://www.education.nic.in/ cd50years/g/t/HB/0THB0301.htm].

Rehabilitation Council Act of India Act 1992

The Council under the Act has prescribed the minimum standards of education required for granting recognized rehabilitation qualification by universities or institutions in India [www.disabilityindianetwork.org]. Rehabilitation Council of India (RCI) is the only institution which takes care of manpower development of different categories of professionals for comprehensive rehabilitation of persons with disability to meet the needs of their entire life cycle, i.e., physical and medical rehabilitation; educational rehabilitation, vocational rehabilitation and social rehabilitation. Its objectives are to regulate the training policies and programs in the field of rehabilitation of persons with disabilities, to bring about standardization of education and training in the field of rehabilitation professionals /personnel dealing with persons with disabilities, to prescribe minimum standards of education and training in the field of rehabilitation uniformly throughout the country and to regulate these standards in all training institutes. The other objectivities were to recognize foreign degrees /diplomas /certificates in the field of rehabilitation awarded by Universities /Institution on reciprocal basis, to maintain Central Rehabilitation Register of professional /personnel processing recognized rehabilitation qualification, to collect information on regular basis, on education and training in the field of rehabilitation of persons with disabilities from institutions in India and abroad, to encourage continuing rehabilitation education by way of collaboration with organizations working in the field of rehabilitation of persons with disabilities, and to promote research in rehabilitation and special education (www.rehabcouncil.nic.in).

The council intended to create professionals like Audiologists and Speech Therapists, Clinical Psychologists, Hearing Aid and Ear Mould Technicians, Rehabilitation Engineers and Technicians, Special Teachers for education and training the handicapped, Vocational Counselors, Employment Officers and Placement Officers dealing with the Handicapped, Multipurpose Rehabilitation Therapists and Technicians, Speech Pathologists, Rehabilitation Psychologists, Rehabilitation Social Workers, Rehabilitation Practitioners in Mental Retardation, Orientation and Mobility Specialists, Community Based Rehabilitation Professionals, Rehabilitation Counselors/ Administrators, Prosthetists, Orthotists and Rehabilitation Workshop Managers (www.rehabcouncil.nic.in). The success of inclusive education lied with the professionals from above specializations.

District Primary Education Program (DPEP, 1994)

The success of PIED led to the inclusion of the component of Integrated Education of the Disabled (IED) in DPEP. It aimed at reducing the overall dropout rates of all students enrolled in primary classes, to raise their achievement levels and to provide primary education for all children, including children with disabilities [Puri at al: 2004;20]. In the light of Universalization of Elementary Education, DPEP focused on difficult aspects of access, school effectiveness, alternative schooling, teachers' competence, improved teaching, learning material, and streamlining of planning and management in respect of both routine and innovative areas [www.educationforall.com].

The DPEP envisaged to provide education for all children including children with disabilities, with access to primary education either in the formal system or through non-formal education program; facilitating access for disadvantaged groups such as girls, socially backward communities and children with disabilities; improving effectiveness of education through training of teachers, improvement of learning materials and upgrading of infrastructure facilities; short training of selected primary teachers as regards to imparting education to

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children with disabilities; appointment of special teachers at district and cluster level for providing support services to class teachers; provision of assistive devices and educational devices; involvement of experts in disability development in the State Co-ordination Committee; orientation of Master Trainers at the State and District level in respect of educational needs of children with disabilities; improving the quality of education through a process of demand creation for better services (Punnani and Rawal: 2000; 250-251).

The IEDC in DPEP program has adopted area approach. Children living in a particular catchment area were enrolled in schools for acquiring primary education. Priority was given to children with mild and severe disabilities, and profound disabilities children were admitted to special schools. Earlier, three resource teachers for children with disabilities were appointed in each block. Due to practical difficulties, this pattern was not followed. DPEP focused on sensitizing general teachers in regular schools to cater to the educational needs of children with disabilities on par with that of non disabled children. DPEP made encouraging efforts towards creating infrastructure (consultants, State Project Committee, District Resource Group (DRG), IED coordinators at the State Project Office (SPO), and District Project Office (DPO) for implementation of IED, arrangements were made to provide aids and appliances to children with disabilities, provided resource support to children with disabilities either through resource teachers or through NGOs, developed training modules, oriented teachers in nearly all states and conducted awareness programs in all the states, focusing on community mobilization and parental counseling (Rao, at al: 2005, p-46).

The studies on DPEP for the period of 1995 to 1997-98 suggests consistent improvement in enrollment and retention including girls, SC and ST children and a steady progress towards achievement of DPEP goals in 42 districts covered under DPEP-I. It was also clear from the above analysis that a variety of innovative and cost-effective strategies were intended to reach the unreached

in isolated and smaller habitations, habitations with large concentration of ST children and the areas having large concentration of working and disabled children (Aggarwal: 1998; 18).

According to Ramachandran and Saihjee (2002), a large number of children belonging to disadvantaged communities, working children, children with special needs, and adolescent girls were not covered under DPEP Phase-II districts. Several children from different groups were out of schools and found hard to reach school. The fact is due to the absence of strategies, at Panchayat level, to cater to the special needs of children with disability. Andhra Pradesh state is an exception, to this notion, because it was the only state which acknowledged the needs of children with disability. This is primarily because Warangal was one of the districts selected for a pilot initiative for Integrated Education by DPEP. The Inclusive Education for children with disability initiatives taken during the research in 1999, in Warangal, revealed that children with special needs were enrolled on records but they were not attending school in reality. It is also said that the aids and appliances were provided to hearing impaired and physically disabled children, and teachers were not equipped to deal with the special needs of the slow learners [Ramachandran and Saihjee: 2002].

On the other side, according to the same study, children with special needs were comfortable and well integrated in regular classrooms and they have had comfortable interactions with other children. This Conducive atmosphere was created with the personal interests of the Headmistress, who had a daughter with speech impediment and later she has drawn support from Mandal Resource Group. The study says that such initiatives in the state of Madhya Pradesh were unclear and the discourse on special needs was absent in Chhattisgarh. The study also says that the first generation learners had problems in understanding special needs. Hence, teachers were suggested to appreciate children but reduce work burden when they go home. It was the

process to sensitizing the teacher to understand and support the special needs of the children (Ramachandran and Saihjee: 2002).

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995

The People with Disability Act (PWD), 1995 stipulates that the government and appropriate local authorities shall "ensure that every child with a disability has access to free education in an appropriate environment till he/she attains age of 18" [www.disabilityindianetwork.org]. Education is the most effective vehicle of social and economic empowerment. In keeping with the spirit of the Article 21A of the Constitution guaranteeing education as a fundamental right and Section 26 of the Persons with Disabilities Act, 1995, free and compulsory education has to be provided to all children with disabilities up to the minimum age of 18 years. The PWD 1995 Act aims to ensure every child with disability to have access to free education in an appropriate environment till he/she attains the age of eighteen years, to promote integration of students with disabilities in the normal schools, to promote and setup special schools in government and private sector so that children with disabilities will be a part of general schools, to endeavor to equip the special schools for the children with disabilities with vocational training facilities [PWD 1995: 1996].

Sarva Siksha Abiyaan (2002)

The SSA is Government of India's flagship program for achievement of Universalization of Elementary Education (UEE) in a time bound manner, as mandated by 86th amendment to the Constitution of making free and compulsory education to the children of 6-14 years age group, a fundamental right. The SSA is a response to the demand for quality basic education all over the country. It was started in 2001-02 and has recorded impressive achievements by any yardstick.

To ensure free education to all children between the age of six years and 14 years, National Democratic Alliance (NDA) government launched the SSA in 2001 and brought a constitutional amendment in 2002 making elementary education as a fundamental right. The main objectives of the SSA program are (i) all children in school by 2003; (ii) all children complete five years of primary schooling by 2007; (iii) all children complete eight years of elementary schooling by 2010; (iv) focus on elementary education of satisfactory quality with emphasis on education for life; (v) bridge all gender and social category gaps at the primary stage by 2007 and at the elementary stage by 2010; and (vi) universal retention by 2010 (Das: 2007; p.21).

The SSA is different in terms of both scale and structure. First, it is a country-wide program and all states participate in it. Second, the SSA framework has been drawn up by national-level consultations and is being driven by the MHRD. Third, the implementation of the SSA has elements of both vertical and horizontal administrative structure—state and district education societies have been set up to make fund disbursal more efficient while most of the civil works and teacher appointments are still carried out by State School Education Departments. Fourth, the SSA envisages strong community participation with the setting up of Village Education Committees (VECs) and School Management Committees (SMCs) in order to make the service providers, i.e., making the schools more accountable. Fifth, a similar decentralized institutional structure has been set up for teacher training and support through the Circle Resource Centres (CRCs), Block Resource Centres (BRCs) and District Institutes for Education of Teachers (DIETs) [Banerji and Mukherjee: 2008; 214].

However, UEE cannot be achieved unless children with special needs are also provided access to quality education. Hence, education of CWSN is made essential part of the SSA framework. The goals are to have eight years of elementary schooling for all children including children with disabilities in the

age group of 6-14 years by 2010. Children with disabilities in the age group of 15-18 years are provided free education under Integrated Education for Disabled Children (IEDC) Scheme [www.ssc.nic.in]. The SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, the SSA has adopted a 'zero rejection policy'. This means that no child having special needs should be deprived of the right to education and taught in an environment, which is best, suited to his /her learning needs. These include special schools, Employment Guarantee Scheme (EGS), Alternative Innovative Education (AIE) or even Home-Based Education (HBE). Under the SSA, a continuum of educational options, learning aids and tools, mobility assistance, support services etc. are being made available to students with disabilities. This includes education through an open learning system and open schools, alternative schooling, distance education, special schools, wherever necessary home based education, itinerant teacher model, remedial teaching, part time classes, Community Based Rehabilitation (CBR) and vocational education.

According to Gursharan S. Kainth (2006), the number of out of school children declined from 320 lakhs in 2001 to 95 lakhs as on October 2005, 1,17,677 new schools have been opened against the approval of 1,22,661 schools, 3,86,458 teachers have been appointed till 31 March' 2005, against the sanctioned limit of 5,96,345 teachers to ensure proper pupil-teacher ratios, 21,79,366 primary teachers are receiving an annual round of in-service training of 10-20 days, more than 60,000 academic resource centers have been established at the block and cluster levels to provide academic support to primary and upper primary teachers and students as a follow up to teacher training programs and 12 crore children covered under the mid-day meal scheme, which is the largest school lunch program in the world. Recognizing its good performance, outlay for SSA has been increased from Rs.7,156 crore to Rs.10,041 crore in 2006-07. According to the Ministry of Human Resource Development (MHRD) sources, nearly 160,000 primary and upper primary schools have been opened, more

than 650,000 new classrooms have been constructed and 500,000 additional teachers have been appointed. The first phase of the SSA is completed in 2006-07, with the next phase began with the Eleventh Plan adopted in December 2007. [Banerji and Mukherjee: 2008].

National Policy for Persons with Disabilities (2006) prepared by Ministry of Social Justice and Empowerment recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. It assures identification of children with special needs through regular surveys, their enrollment in appropriate schools, and continuation till they complete their education with right kind of learning material. It ensures a continuum of educational options, learning aids and tools, mobility assistance, support services through the SSA. The educational supports are in the form of open learning system and open schools, alternative schooling, distance education, special schools, wherever necessary home based education, itinerant teacher model, remedial teaching, part time classes, Community Based Rehabilitation (CBR) and vocational education [NPPD:2006].

There will be concerted effort on the part of the government to improve identification of children with disabilities through regular surveys, their enrollment in appropriate schools and their continuation till they successfully complete their education. The government will endeavor to provide right kind of learning material and books to the children with disabilities, suitably trained and sensitized teachers and schools which are accessible and disabled friendly [NPPD: 2006; 10].

Government of India is also providing scholarships to students with disabilities for pursuing studies at post school level. Government will continue to support the scholarships and expand its coverage. Facilities for technical and vocational

education designed to inculcate and bolster skill development suited to various types of productive activities by adaptation of the existing institutes or accelerated setting up of institutes in un-served/underserved areas will be encouraged. NGOs will also be encouraged to provide vocational training [NPPD: 2006; 10].

The mechanisms operated for the implementation of National Policy are Ministry of Social Justice and Empowerment as nodal agency to coordinate all matters relating to implementation of the Policy; The Central Coordination Committee, with stakeholder representation, coordinates matters relating to implementation of the National Policy and similar committees function at the state and district levels; The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati Raj and Women & Child Development and Departments of Elementary Education & Literary, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Information Technology and Personnel & Training are also identified for implementation of the policy; the Chief Commissioner for Persons with Disabilities at Central level and State Commissioners at the State level play key role in implementation of National Policy, apart from their statutory responsibilities (www.mospi.nic.in).

Children With Special Needs (CWSN) in the SSA
The major thrust of the SSA is on inclusion or mainstreaming the Children with Special Needs into the fabric of formal elementary schooling. Experiences of programs like DPEP and studies on Inclusive Education have shown that inclusion is best determined by the individual needs of the child. Most children with special needs can be enrolled and retained in regular schools if adequate resource support is provided to them, whereas there are others who might have to be provided some kind of pre-integration programs, before they can be mainstreamed in a classroom. There might also be still some CWSN with

severe profound disabilities, who would require an educational program and intensive specialized support completely beyond the purview and scope of a formal school in the current situation [http://planipolis.iiep.unesco.org].

Components of CWSN

Children with special needs as a part of the SSA, has certain components. Each component has its own strategies and approaches towards the goal. The components are discussed in brief below [SSA: 2009].

Identification is a concerted drive to detect children with special needs at an early age should be undertaken through Primary Health Centers (PHC), Integrated Child Development Societies (ICDS), Early Childhood Care and Education (ECCE) centers and other school readiness programs.

Functional and formal assessment will be followed to all the identified children. A team is constituted at every block to carry out this assessment. The team's primary task is to recommend most appropriate placement for every child with special needs.

Educational Placement of every child with special needs should be placed in regular schools, with needed support services.

Aids and appliances should be provided to all the required children through convergence with Ministry of Social Justice and Empowerment, State Welfare Departments, National Institutions or NGOs.

Support Services like physical access, resources, rooms at cluster level, special equipment, reading material, special educational techniques, remedial teaching, curricular adaptation or adapted teaching strategies could be provided.

Teacher Training should be undertaken to sensitize regular teachers for an effective classroom management of children with special needs.

Resource support could be given by teacher working in special schools. Specially trained resource teachers should be appointed at the necessary places to teach special skills to children with special needs. If it is not possible long term training should be taken by the regular teacher.

Individual Educational Plan (IEP) should be prepared by the teacher for every child with special needs in consultation with parents and experts and it should be monitored time to time.

Parental training and community mobilization need to be given to facilitate basic survival skills to children. Strong advocacy and awareness programs should form a part of strategy to educate every child with special needs.

Planning and management resource groups should be constituted at state, district levels to undertake effectiveness of the programs in collaboration with PRIs and NGOs.

Removal of architectural barriers in schools should be strictly maintained for easy access. Efforts should be taken to provide disable-friendly facilities in schools and educational institutions.

Research in all areas of education of children with special needs, including research for designing and developing new assistive devices, teaching aids, special teaching material and other items necessary to give a child with disability equal opportunities in education, should be made mandatory.

Girls with disabilities must be given special emphasis in education.

Operational Design under the SSA

The Sarva Shisha Abhiyan, Andhra Pradesh has identified needs of the children with disabilities and designed the program accordingly. The needs are different for each group as their problems are different. The SSA has classified needs into 6 categories. They are (a) Visually Impaired students need Magnifying glasses, books with big letters, optical device, non-optical device, electronic device in case of partial visual impairment, walking sticks, Braille scripts, audio sets, and computer with appropriate software. (b) Hearing impaired children need a hearing machine, tape recorder, TV, and other materials like real objects, charts, flash cards with colors, pictures, talking toys and different objects to make different subjects. (c) Learning disabled children need embossed charts and embossed textures, optical device, tape recorder, Braille slates, abacus, magnifying glasses, large print books, real objects and concrete materials. (d) Mentally Retarded children need Teddy rings, peg boards, flash boards, charts, flash cards, puzzles, concrete materials. (e) Cerebral Palsy children need wheel chairs, ramps, escort, and adoptive materials like pencil with gripper and adoptive spoon. (f) Orthopedic impaired need wheel chair, ramp, escorts and structurally accepted environment. Apart from the above said physical provisions, they also need specially trained teachers, special teaching methodology and co-operative atmosphere to students. All the needs are addressed to support the children with special needs to access education. All the needs are addressed to support CWSN to access education [SSA, 2010].

Implementation Procedures in A.P

The implementation procedures are collected purely based on qualitative observation by the researcher. The observation includes oral information gained from the Inclusive Education Resource Teachers (IERTs) and the Community Mobilization Officer (CMO) of the district. The CMO is the in-charge for special needs education in every district. He appoints a special resource teacher i.e. Inclusive Education Resource Teacher (IERT) to every mandal. The minimum qualification to IERT is Intermediate or a degree in

special education. They are appointed on contract basis for 10 months. Their primary responsibility is to conduct a survey in their respected mandal to identify the children with special needs, and categorizing them according to their severity/ intensity of the problem. In the next level, they select severe and profound categories of the children with special needs and provide them Home Based Education (HBE). IERTs will visit the selected home once in every week. They also have to provide remedial teaching to the mainstreamed children in regular schools on a regular basis. They visit these schools thrice in a month to 5 selected schools. This is called post-mainstream follow-up. IERT has an additional responsibilities of capacitating the teachers in regular schools with some possible techniques in teaching, and advising children to minor operations, educating parents in caring the children, behavioral therapy, providing information regarding aids and appliances, scholarships, certificates, pensions and other referred services by the government.

Road map of Inclusive Education in AP

The road map of inclusive education was prepared by Coordinator, Inclusive Education, the SSA, Andhra Pradesh. The primary objective of this road map is to provide education to all the children without excuses [Murthy: 2009]. The government has developed a mechanism to achieve this goal. The outlined goals are sending children from [1] Habitation to School [2] Habitation to special Residential Bridge Course (RBC) to school and [3] Habitation to Home Based Education (HBE) to school. The final destination of every child is school. There is a fourfold path at habitation level which will create a route to achieve the goals. They are (a) identification (b) assessment (c) classification and (d) counseling. In the first phase, children out of school will be identified. In the second level special needs of the children will be assessed, in the third levels, children's needs are classified as Mental Retardation, Cerebral Palsy, Visual Impairment, Hearing Impairment, Orthopedic Impairment, and Learning Disability. Then each category is also classified into mild, moderate, severe and profound levels on the basis of their intensity. In the last level, parents are

provided with counseling to understand the needs of the children and to care for the future. The role of parents is very crucial from beginning to end while dealing with children with special needs [Kumar: 20.04.2009].

One of the major activities in the process of inclusive education is to bring systemic changes in the school. It includes barrier free construction, providing assistive devices, preparing individual education plan in every school with trained teachers and remedial teaching. Mild and moderate category children are directly sent to school where teachers can take care of their needs. Children whose disability is more than moderate level need some kind of training to cope up with the rest of the students. In such cases, children are sent to special RBC and provided basic skill learning. The other alternative is to provide home based education to the child at their respective homes. A specially trained teacher will visit to teach the basic learning skills to children. In all the cases, the only goal is to mainstream them in to school education [Kumar: 24.04.2009].

Status of Persons with Disabilities

Disability is a multi-dimensional and complex construct and there is no single universally accepted, unproblematic definition of disability. Not only do definitions differ across countries but they differ and change within a country with evolving legal, political and social discourses. It is very difficult to find reliable data about the prevalence of disability in India. The two main sources for disability statistics are Census 2001 and National Sample Survey 58 Round in 2003. According to Census, 2001, fifty-one percent (51%) of persons with disabilities are illiterate. There is an immediate need for mainstreaming the large percentage of the persons with disabilities. The census (2001) also reports that India has 21.91 million (2.13%) persons with disabilities and the National Sample Survey Organisation (NSSO) survey (2002) reported that in India 18.5 million (1.8% of population) had disability. The Registrar General of India (2001) agrees that the Indian data on disability are unreliable, due to few well-trained field investigators, and issues of social stigma [Singhal: 2009].

The census of India (2001) and the NSS (2002) have different sampling design. The census is an enumeration of the entire population of India while the NSS uses a nationally representative stratified sample. Although some of the differences in prevalence estimates of disability could be due to the differences in study design, different definitions of disability may also have contributed to differences in estimates. It appears that the overall disability prevalence estimates in the census and the NSS are clearly not comparable. There are difficulties in comparing the estimates because the census does not have an overall definition of disability while the NSS does. The census overall disability prevalence is the sum of prevalence estimates for the five disability types. In addition, in both sources, the current definitions of disability types seem to mix activity limitations, functional limitations and impairments. For instance, in the NSS, activity limitation is used for the general definition of disability, and the definitions of visual and mental disabilities, functional limitation is used for hearing and speech disability, while impairments are used to define locomotor disability. In the census, visual and hearing disabilities are defined as functional limitations, movement disability is a mix of functional limitation (e g, inability to move or lift any small article) and impairment (e g, lack of limb), and mental disability is defined as a combination of functional limitation (inability to understand) and activity limitation (self-care limitation). As a result, it is unsure what aspects of disability are captured by the census and NSS current disability definitions. There are also inconsistencies in disability types in the census and the NSS with regard to whether the limitation applies to a situation where an assistive device is used. For instance, in the census, for locomotor disability, it refers to a person's limitation without using aid while for hearing disability; it refers to a limitation experienced despite the use of hearing aid. In the NSS, the definition of visual disability refers to a person using spectacles or contact lenses, while the definition of hearing disability considers a person's ability without using a hearing aid. Such inconsistencies certainly make it difficult for field staff to collect the data and for researchers to interpret the results (Mitra and Sambamoorthi: 2006; 4024).

The following table shows the status of children with disabilities since 2002 in India. The table shows a gradual increase in the number of children with special needs every year.

Table 1.1: Status of Children With Special Needs in India

Year	Total numbers identified as CWSN
2002-03	6,83,554
2003-04	14,59,692
2004-05	15,92,722
2005-06	20,17,404
2006-07	23,99,905
2007-08	26,21,077

Source: www.ssa.gov.in

According to the Quality Progress Reports (QPR) for targets and achievements of 2005-2006, India is having 26,21,077 Children With Special Needs. Among them 1,58,034 are enrolled in schools, 98,387 are enrolled in EGS centers and 1,06,158 are provided with Home based Education. Total covered students are 23,62,579 which is 90.14 % against CWSN in India. Maharashtra has highest population of children with special needs with 4,02,192 while Sikkim is the lowest population with 493 children. In the case of Andhra Pradesh the total identified CWSN are 1,76,344, school enrolled are 1,48,328, enrolled in EGS centres are 3,328, and 8,160 are provided with Home based education. Andhra Pradesh is the fourth largest state to cover CWSN with total of 1,59,816 (90.63%).

Significance of the Study

Prior to the state policy on education, large numbers of people with disabilities were/ are 'put away' in segregated institutions on the grounds that it was for their own good and to stop them from being a burden on others. People with disabilities have been effectively marginalized and systematically excluded from the 'mainstream' of social life; and this aspect of disabling society needs

to be explored in the context of unequal power and social resources [Digumarthi: 2005]. As the Indian government is committed to welfare of the marginalized constitutionally, the policy has fair chances to implement successfully. But in practice, there is a big gap seen between policy and implementation.

The Directive Principle of the State Policy, Preamble and Articles like 38, 39, 40, 41 enumerated in the Constitution ascertain the welfare orientation of the country. This necessitates the state to take care of the necessities of the vulnerable by enacting policies and undertaking programmes for the economic, social and emotional strengthening of them.

Disability is persistent problem which requires the attention and direction of the policy makers. Persons with disabilities in India constitute a substantial segment of the population, numbering about 2.13 percent of the total population. The large section of this particular section is in some cases more than the population of some countries of the world.

Though there is considerable commitment for welfare orientation and protection of the vulnerable groups like the people with disabilities in the Constitution, in reality the state did not initiate or launch programs towards helping this community.

The researcher being locomotive disabled himself has firsthand experience about the problems. His own experiences in course of his education period and the problems faced at the domestic level encouraged him to study the impact of Government's education Policies for the students with disabilities and their impact on the latter for their betterment. The research study would try to understand the present policies undertaken for the people with disabilities from the perspective of administration and beneficiaries, there by analyzing the magnitude of success and failures of the policies.

Statement of the problem:

Inclusive Education has been a concern of Indian government since the beginning. The primary target is to maximize the education opportunities for each and every student including the children with special needs. Every policy and program initiated by the government was aimed at improving the educational levels in the country. However, till now there are very few research studies on education and disability. The present research would help in understanding different problems of students with disabilities in the process of education and the state initiatives to provide basic amenities to Persons with disabilities to make them part of society. It would also try to fill the research gap in the field of education and persons with disabilities in the present scenario.

Research Questions:

1. What are the problems of persons with disabilities which prevent them from going to the school?
2. What are the policies and programs of the government for persons with disabilities in relation to their education?
3. What are the advantages of the Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995
4. How far the objective of Inclusive Education has been in implementation?

Objectives of the Study:

- To study the Special Needs Education programs in Andhra Pradesh
- To understand and analyse Inclusive Education with reference to Children With Special Needs (CWSN)
- To find the complexities in implementing Special Needs Education
- A Critique on Special Needs Education in Andhra Pradesh

Hypothesis:

There are three major hypotheses to be examined:

Hypothesis 1:

Inclusion may be the key word in India's current education policy, but there is a world of difference between legislation and its implementation (Deepa: 2006).

Hypothesis 2:

Education becomes state packaged welfare mechanism, rather than an opportunity for the community to learn (Sharma: 2003)

Hypothesis 3:

Children with disabilities are not covered by existing legislation on learning disabilities nor they appropriately served in regular or special schools or through alternative forms of education (Chadha: 2001).

Disability, as caste, race and sex, is a marginalized, segregated and discriminated aspect in the society. In some cases it is visible and in some cases not. This is not only a physical problem but also a psychological problem. In this context, it is an attempt to find out their problems in the society at personal level and societal level. So, this study is intended to evaluate the policy from top and practice from the below in Andhra Pradesh.

Methodology:

The present study depends on secondary as well as primary data. The secondary sources includes books, articles, journals, records from mandal and districts' educational offices, daily news papers, gazettes, and annual reports of the concerned departments.

The primary data includes information collected with the help of personal interviews with structured questionnaires. The study was conducted using simple random sampling methods, purposive sampling, snow ball sampling. Four different questionnaires were used for four categories of respondents i.e., students with disabilities, parents, special teachers and teachers. The

questionnaires were designed to (1) know the socio-economic background of the respondents (2) to know the history of disability (3) to know their perception on education and school (4) to find out the reasons for in/out of the school (5) to know the comforts/discomforts in the present educational system, and (6) to know the changes they require further.

The study has been conducted in 13 villages in 4 mandals of East Godavari District, Andhra Pradesh in 2009-10. The district was selected on the basis of three criteria. (1) East Godavari district tops in implementation of the Sarva Siksha Abhiyan (SSA) programs and virtually emerged as the role model in fulfilling all the yardsticks prescribed by the Dr. Kothari commission [The Hindu: 22.12.2006] and (2) The district is always been considered as one of the best districts for the promotion of education standards in Andhra Pradesh [SSA: 2009]. Finally, the four mandals were selected from the district on the basis of their performance in implementing inclusive education under the Sarva ShikSha Abhiyan, Kakinada. This performance was assessed by Community Mobilization Officer (CMO), SSA, East Godavari. Their performance was categorized in to three levels. They are (1) Best Performance, (2) Average Performance and (3) Satisfactory Performance. One mandal is selected from each level of performance. Among them 'Karapa' Mandal was selected for its best performance, 'Mandapeta' Mandal was selected for its average performance, 'Pedapudi' Mandal was selected for its satisfactory performance. Apart from three mandals 'Alamuru' mandal was selected because it was considered as best performed mandal in the previous year and no IERT was allotted during research period. The sampling design is explained below.

Alamuru, Mandapeta, Karapa and Pedapudi mandals consists of 91, 135, 124, and 56 children with disabilities respectively. Among them ¼ of them are selected for the research purpose. Then the number of respondents selected for the interviews are 23 from Alamuru, 34 from Mandapeta, 31 from Karapa and 14 from Pedapudi. The top three highest populated villages with children with

disabilities from each mandal are selected for the study, but in Pedapudi mandal four villages were taken to equate with the sample design.

The villages selected from Alamuru Mandal are Alamuru, Sandhipudi and Chintaluru; Villages from Mandapeta mandal are Mandapeta, Dwarapudi and Kesavaram; the villages selected from Karapa are Gorripudi, Penuguduru and Velangi. Villages from Pedapudi mandal are Rameswaram, Pedapudi, Puttukonda and Vendra. In all the 13 villages 50 percent of the total is selected according to the sample design and in every village every alternative number in the list is selected for interview. Thus, the total number selected from the 13 villages is 104, but 7 respondents were above the selected age and 9 respondents were unidentified, hence, 90 children with special needs were considered for the study. A questionnaire was prepared and administered to collect from the respondents.

As a part of field work, the researcher had visited 90 households in 13 villages. Out of them, four respondents are found the age above 20 years. Though the visit was intended to consider only elementary school age children, it has been extended up to 20 year as they start their schooling late than other students. The 90 respondents are interviewed about their socio, economic backgrounds, family backgrounds, awareness levels regarding disability and medical programs, visits of the Inclusive Education Resource Teachers (IERT), Trainings, Child behavior and learning procedures, child's interest in schools and at home, reasons behind disability and their trails to overcome it. It was also attempted to know how family and society supports a child with disability along with government support and pensions.

The base data collected from Mandal Education Offices has a problem in identifying the households of the respondents. This situation was particularly occurred in Alamuru and Mandapeta mandals. Hence, the data on children with

disabilities was again collected from disability pension acquaintance in village panchayat and used for the study.

As the study is intended to know the inclusive education practices in the selected villages the perceptions were also collected from the CWSN, Parents, Teachers in regular schools, Inclusive Education Resource Teachers (IERT) and Community Mobilization Officer of the district. All the information gathered is analyzed in terms of inclusive education with reference to special needs education.

Chapterisation:

The research is divided into seven chapters. Chapter – I deals with Introduction and discusses about the evolution of the inclusive education, concepts of inclusive education, Children With Special Needs and policy intervention by the state and central governments towards disability in general and special needs in particular. Chapter – II deals with conceptualization of Inclusive Education. The conceptualization includes Understanding Inclusion and Exclusion, Special Education, Disability and Poverty, Purpose of Education, Teaching and Policy along with inclusive education dimensions in Sarva Shiksha Abhiyan. Chapter – III is a clear description of Profile of Study Area. The description includes history of the selected district, Educational profile and literacy rates of the district during colonial period. It also includes a brief note on general education (primary to collegiate) and a special focus on women's education. The chapter also gives a brief note on Sarva Shikshya Abhiyan and profiles of selected mandals. Chapter – IV is on Profile and Perceptions of the respondents. It represents socio-economic backgrounds, disability categories, caste wise and age wise details of the respondents. An attempt is also made to understand the skills and abilities, and interests of the respondents. Opinion of the parents on differest aspects of their children, teacher acceptance, role of Inclusive Education Resource Teachers is also discussed. Chapter – V deals with experiences in special needs education. It is

an attempt to understand the status of CWSN in schools, and their problems in reading, writing, and listening. It also deals with accessibility of school, peer group support, availability of resource rooms, and co-curricular activities. Chapter – VI is on Practice of Inclusive Education in the study area and field observations. This chapter is an in depth analysis perception of parents, teachers, Inclusive Education Resource Teachers, children with special needs and Community Mobilisation Officer. With regard to on inclusive education, the present method of education, experiences in dealing with special needs children, and Chapter – VII deals with Conclusion and findings of the study.

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Chapter – II

Concepts and Developments in Inclusive Education

[This chapter is an attempt to understand the concepts of disability, disability education, disability policies and disability educational policies and their implementation at the national level. As a part of it, considerable literature from both national and international arena touching upon the literature of academics, activism, internet and government sources have been reviewed for better understanding of the proposed research]

Understanding Inclusion

The term 'inclusion' has deeper connotation and does not refer only to children with disabilities, but also includes all children who face some kind of barrier in learning. Children with disabilities are still enshrined in the ideologies of segregation; labelling and categorised environments in the light of medical definition of disability while the society is moving towards rights-based approach. The need of the hour is 'Accepting the diversity'. It is a larger philosophy to deal with the children with different needs in the regular school system and teaching all children to understand and accept the differences. The debate over segregation and inclusion in ordinary schools widened other ideologies towards equal opportunities. Fundamental questions like gender issues, disability and poverty will confront us when prioritising services but disability is a part of everything. The whole understanding of inclusive education in terms of special needs refers that the attitude of teachers, peer group and parents is a major barriers for integration [Hegarty & Alur: 2005].

Madan Mohan Jha in 'Inclusive Education and the Common Schools in India' said that the history of education of persons with disabilities is a progression from segregation to integration, and now to inclusion. The question for the children with disability in inclusive settings is largely related to the right to equality, protection of life and personal liberty enshrined in the Indian Constitution (Article14, 21) with Directive Principles under the Article 38

(social order with justice and elimination of inequalities in status, facilities and opportunities), Article 39 (tender age children not be abused) and Article 46 (promotion of educational interests of the weaker section) [Mohapatra: 2004] shows the constitutional validity of Inclusive Education as a part of Indian Constitution and policy making.

The thrust for promoting inclusive education is because of its effective results in regular schools with inclusive orientation to combat the discriminatory attitudes built around disability. It is also believed that inclusive education could create 'welcoming communities' based on inclusive society which in turn would help to achieve education for all. The idea of inclusive education is a big landmark in the creation of inclusive society and on inclusive family. The concept of inclusion would only be cost effective but it would tackle the discriminatory attitudes towards disability that children grow with and carry with them into their adulthood. While the segregation teaches children to be fearful, ignorant and breeds prejudice but inclusion has the potential to reduce fear, build friendship, respect and understanding. Inclusive Education results are intangible. The dreams of parents of children with special needs would come true in terms of social life; the children would develop a positive understanding of themselves and others; the children would develop friendships in a natural manner and all children would be together. To simplify, Inclusive Education develops a sense of belongingness between children with special needs and children without special needs. In a true sense, Inclusive Education is nothing but children with special needs participating in their everyday activities irrespective of their mild / severe /hidden disabilities. It is about building friendships, membership and having opportunities equal to everyone.

The objective of inclusive education is not only to serve the purpose of education but also concerns of social and moral education. The education, social and moral, reduces isolation and prejudices, enhances understanding,

accepts the deviations from socio-cultural view point, and increases the contribution of children with special needs to the society. The basic idea of Inclusive Education is to value every child and family equally and creating the same opportunities and experiences. Considering the wide benefits of Inclusive Education, we need to devise ways to shift to inclusive education from special education. The government intervention through Inclusive Education Policy [IEP] shows that it has moulded the movement of inclusion at other levels like family and community, because the family has the potential of turning a child into happy child or unhappy child [Sethi: 2005].

Inclusion could be understood in three broad perspectives: human rights, good education and good social sense. As a part of human rights, every child has the right to be together while learning. They should not be devalued or discriminated by excluding or sending away because their disability or learning difficulty has no legitimate reasons to suggest separate education. Staying together only would be an advantage and benefit to every child and they do not need any protection from each other. The research on Children with Special Needs [CWSN] showed that they can perform better in academics as well as in social integrated settings if they are provided with good education. All children need good education that can develop relationships and prepare them for mainstream life. Hence, Inclusive Education is a more efficient use of educational resource if commitment and support are added in implementation [Raman: 2004].

In the historical perspectives of necessity of inclusion, special and inclusive educational services in India, innovations in implementation regarding different impairments suggested way forward through amendments in law and policy. One such measure is inclusion through community development, which is, to make the adults and children with disabilities as a part of the society. It is to raise equal value and promote opportunities for all children. Education, to this context, should develop both the social and personal aspects of an individual.

But, the right to education can be realised only when schools begin to consider the different socio-economic and cultural backgrounds of those children and their broader range of learning styles, behaviours, capabilities, and potentials in all sensory domains. It would not be an easy task to have sudden impact on established settings. Hence, inclusive education is sometimes should be seen as a political strategy based on human rights and democratic principles that confront all forms of discrimination to develop an inclusive society as an alternative to ignored or neglected society. To simplify, Inclusive Education is an attitude—a value and belief system but not a set of actions. A school with this attitude could only create an inclusive education.

Principles of inclusion show that the system accepts and promotes the fact that the requirements of majority of children with special educational needs could be accommodated within regular school system. There would be explicit recognition if the education of all children with special needs is a responsibility of the national school system. The leadership and resources should be provided to make flexible primary teaching and curricula in order to allow common experiences and specialised goals according to the variety of individual needs and environmental circumstances. The best results in inclusive education are possible with the close links between regular and special education, formal and non-formal systems, and school and community sectors. Finally, encouragement to community and parental involvement, including distribution of control responsibility will give best results in this field.

The Inclusive Education will have a great significance because a child with disability is generally greeted with disappointment, frustration and anger in the society. The initial years of their life would have been spent either in medical shopping or neglected or in over protection. This extreme situation might have excluded the child from opportunity of love, nurture and of simply being child. The child would have been provided but would not have been encouraged to grow by doing even the easier things. In such circumstances, it would be unfair to expect the person with disability to find a firm footing suddenly in the

normal world, after a long exclusion from mainstream opportunities of normal schooling, and other growth opportunities [Puri, Abraham & George: 2004].

To understand inclusive classroom, we need to understand the principles behind educational diversity and inclusive policies, and also discuss the range of teachers in an inclusive classroom. The focus on implementing inclusive curriculum, strategies for managing a classroom and promoting positive social relationships would be the thought alternative to the cause. The ongoing, systematic segregation of students' by ability, race and class sends a powerful and well-learned message that one needs to revise. The clear-excellence can exist only with equity. The term Inclusive Education is important because it adds a clear voice that helps teachers, administrators and parents to visualise in concrete form of 'truly inclusive instruction'. Till recent times the term 'children with diverse educational needs' is in practice. It recognises the necessity to create an effective inclusive classroom, which requires the range of intellectual and behavioural functioning. It could be better to (1) educate children in part-time specials schools and part-time regular schools, (2) educating children in special or mostly segregated environments in regular schools, (3) educating children in regular classes but requiring them to follow substantially different courses of study in terms of content and learning environment to their peers. Inclusion means full inclusion of children with diverse abilities in all aspects of schooling that other children are able to access and enjoy. It implies regular schools and classrooms genuinely adapting and changing to meet the needs of all children, as well as celebrating and valuing differences. The process would be successful only when a teacher is highly skilled and motivated to the cause. There are sufficient research evidences to suggest that inclusion of even children with the most severe disabilities can work if schools have a culture of shared values and are genuinely committed to improving their practice. Inclusion is not a success, because it has not been communicated to those who are involved in the process.

The degree of success of inclusion can be related to several factors, perhaps the most important being teachers' preparation, attitudes, and opportunity for collaboration. Issues surrounding curriculum provision to children with diverse abilities and their peers in inclusive setting are central to successful inclusion. These are not only strategies to inclusion but also matters for implementation. Unless we teach our children to live and work together in valuing differences in culture, ethnicity, language, background and even dramatically different cognitive, social-emotional, and sensory-physical abilities, inclusion cannot be achieved. In fact, we almost always teach the opposite-systematic forms of segregation, oppression, intolerance and elitism. The benefits of inclusion are high levels of interaction, social competence and communication skills, skill acquisition, social acceptance and friendships. As a whole, Inclusive Education conveys that the students with disabilities are also entitled to get equal education opportunities along with other (non-disabled) students [Loreman, Deppeler & Harvey: 2006].

Segregation of the children with special needs leaves us unaware of the realities of disabilities and the possibilities. If non disabled children become aware about disabilities, there would be greater chance to grow into sensitive adults, regardless of whether their own families had special children. They are also likely to contribute towards providing facilities for the disabled because they knew someone in their school. Hence, the focus should be on child-centred Individual Educational Plan (IEP) for integrating these children into regular classrooms. A special Educator has to be specially deputed for monitoring special children who are placed in regular classrooms. Therapeutics like physiotherapy, speech therapy, occupational therapy, pre-vocational activities etc. should also be included in the IEPs [Lakshmi: 2003].

Inclusion may be the key word in India's current education policy, but there is a world of difference between legislation and its implementation. Legislation is in favour of inclusion and various state and central boards, like Central Board

of Secondary Education (CBSE) and Indian Certificate for School Education (ICSE) have issued different circulars. In a circular issued in May 2005, the CBSE states that children with disabilities should have barrier-free access to all educational facilities, and that dyslexic students can study one language instead of two and any four of the subjects such as mathematics, science, social science, music and painting, among others. ICSE provides extra time to students with disabilities to complete exams, as well as writers, if required. The children can also choose from a number of subjects such as yoga and physical training [Deepa: 2006].

Inclusion and Schools

As discussed above, the school need to respond in terms of access, social domination and discrimination to have an inclusive set up. Access in the schools need to be given first importance in the process for Inclusive Education. The use of the word "access" reflects how a school is conceived of. The dominant understanding of the school has strong physical connotations. A school is perceived primarily as a physical entity. The school is a sum of teachers and some materials. This physical understanding of a school has a number of implications. Top of them are (1) specialisation of identity; (2) temporal sequentialisation in thinking, (3) metonymic signification and (4) exclusion. The identity of the school gets created by the kind of physical space it occupies and its' aggregate of physical attributes. The whole thinking on education, at its foundational level, has been sequentialised into access, retention and achievement, as if these are three chronologically progressive stages of history. The physical understanding of school is reflected in this spacing between access and retention and achievement. The spatial identity of the school dominates the understanding of education. This is what marks the school as site of exclusion. This exclusion is social, cultural and epistemological. The school borrows its cultural paradigms from the socially dominant groups, either rejecting or seeking to modify on its own terms, all other forms of cultural expressions. The school is allowed to exist as a physical

construct but the school and education get distanced in time [Sharma: 2003]. As a physical site, the school invariably gets mapped on an axis of social domination, because the socially privileged have visibility and determine the material contours of social identity and public action. The physical grid that delineates 'access' comes to express the way power is understood and exercised in a society. The children move up if they are good in all subjects or are held back for not being even in one i. e. their movement is always vertical or they are static. School is naturally designed to encourage a dropout, if not physically, definitely intellectually and emotionally of children unable to cope with a system whose pressures are created by arbitrary and rigid divisions of time and space as categories for organising academic processes. Some forms of manifestation are persistent in low performance, inhibition, fear, reluctance to go to school but only some of these forms get acknowledged and that too, not as schooling problems but as social or individual problems [Sharma: 2003].

The cultural ethos of the school also has a major effect on determining the understanding of the joys of learning. The school modelled on hierarchy and impersonal authority constructs the child as a passive subject. The joy of learning can emerge only if freedom is an essential mode of learning and in a discussion on education both these aspects are significant because education addresses the mind, the self and the world. It necessarily tends towards pluralism, seeking to formulate a shared ground between the subjective and the objective. The school becomes a medium for education if it can make the child conscious of this situation, a situation he /she already is in, and develop skills to enable him /her to deal with it, i.e., the capacity to interpret, choose and understand the nature of freedom. The joy of learning lies in education that emerges from this belief and uses the text as an opportunity for critical questioning. If education is perceived as developing a critical consciousness of life then the methods of interaction at the basic schooling levels have to transform from their current colonial-positivistic character to what has been described here as rationalist-liberal character [Sharma: 2003].

Special Education

Special education field is still in its infancy as far as mainstreaming and integrated education is concerned. Children with special needs often receive services in a segregated or a special school. Though segregated schools work to help these children and provide specialised services, the entire possibility of mainstreaming these children is lost. Children with special needs often have to commute long distances to reach their schools as there are only few centres in any city which offer specialised services. A serious social problem faced by these children as they grow is that they have to explain to their peer group why they go to a special school and not to a regular school. The alternative mechanism is to learn 'adaptive behaviour' to cope with his /her individual condition but also the harsh reality of society's attitude towards him /her. As a human being, it is but natural to yearn for acceptance and recognition. After that, all the extra-curricular activities like physical training, games, drawing /painting, socially useful and productive activities, cultural activities like music, dance, annual day, sports day and all the other festivals conducted in a school should have full participation by special children along with their normal peers [Lakshmi: 2003].

Understanding Exclusion

Social Exclusion, in European context, has been defined in relation to social rights of citizens to retain basic standards of living and participation in the major social and occupational opportunities of the society [Singh, RR:. . .]. Therefore, to include the children with disabilities, it is required to understand, educate and provide proper facilities to students with disability [Bradley: 1994]. The social attitude towards children with disabilities oscillated from ignorance to awareness. But it is true that they were treated differently i.e., either respectfully or cruelly, depending upon the belief systems prevailing at a specific time. The children were always singled out because of their families' constant stress of looking after the child with a feeling of shame. So the necessity of education and training were never thought into action. Recognising

the necessity, professionals, NGOs, and social activists took active interest in the education and training of CWSN so as to help the family and to realise the individual abilities of these children. As a consequence, changes were seen at the family level but the acceptance by the society remained a major task [Sethi: 2005].

Being the largest minority group in the world, the persons with disabilities are starved of services and facilities available to the non-disabled and, consequently, they are the least nourished, the least healthy, the least educated, and the least employed. They have faced a long history of neglect, isolation, segregation, poverty, deprivation, charity and even pity [Mishra & Gupta: 2006].

To persuade parents of 'normal' children to accept 'children with disability' as classmates is certainly not a cakewalk, given the deeply entrenched social prejudices. It is a positive change that the enlightened management of some mainstream schools, across the country, are waking up to the need and advantages of inclusive education. Besides, social and parental attitudes, there is a lack of disability-friendly transport services, buildings and sensitive teachers who can handle the learning needs of special children. The studies reveal that most of the public buildings in India are neither friendly nor accessible to people with disabilities. As a result, they are excluded from participating in public discourses [Chatterjee: 2003].

The cultural underpinnings and value system are still dominating the society. Because of such notions, disability is still considered a taboo or stigma. As a corollary, they have been socially excluded and put into constricted pathological boundaries. Aforementioned social exclusion excluded children with special needs from policies and led to marginalisation and oppression from the mandate of education. The awful perspective of the society operated

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in India is responsible for not achieving Universalization of Elementary Education [Hegarty & Alur: 2005].

There are five main mechanisms of exclusion in increasing severity: geography, entry barriers, corruption and physical violence. Disability, as social concept, is affected by all the five mechanisms. Disability restricts people from moving in all geographical locations. The structural barriers have always limited entry to different areas. Emotional violence is always created on physical basis. As a result of exclusion, the children with disabilities are becoming objects of humiliation, derision and contempt [Singh, R.R, ...]. The current market also plays a crucial role in excluding the children with disability. The present phase of globalisation is not only integrating consumer markets but it is also creating new inequalities, unbalanced information flows and challenges to the protection of human rights. The emergence of new human poverty, according to the HRD report, calls for pro-poor and pro-environment growth and strong civil society alliance (HRD: 1998) [Singh, R.R, ...]. As the market requires people working for more hours and speedy accessibility, many students with disability are out of the jobs. Their basic problem is in-accessibility. The system is ready to exclude them rather than include them into proper accessible environments [Bradley: 1994].

In the process from exclusion to inclusion, society needs to take the responsibility of people with disabilities [PWD] because their non-participation in community life results in loss of productivity and human potential. To fight for the right to inclusion, PWD need to live in an environment in which they are empowered. In addition to it, Community-Based Rehabilitation (CBR) is an approach which has grown out of the debate between the so-called medical and social models of disability. Its supporters believe that it can meet the basic rehabilitation needs of four out of five people with disability. CBR attempts to combine physical rehabilitation through medical care and to empower the PWD with employment and social inclusion through participation of the individual

with a disability as well as the community in the process of rehabilitation [DFID: 2000].

According to the United Nations, one person in every twenty has some type of disability. More than three out of four of these live in a developing country. The report also states that 'disability' limits access to education and employment, and leads to economic and social exclusion. But, in reality, a large proportion of disability is preventable. The report believes that achieving the international development targets for economic, social and human development will undoubtedly reduce the levels of disability in many poor countries [DFID: 2000].

Learning Disabilities

Difficulties in learning are a common phase in every child's life. The difficulty faced while learning education are called as Learning Disabilities. Hence, Learning Disabilities are considered as a part of special needs education. According to Chadda (2000), Learning Disabilities [LD] may have a variety of meanings and labels depending on the experience, perspective, and information about the child in question, family background and socio-economic status. This enigma remains as children exhibiting learning disabilities may manifest a wide variety of social and educational problems. The learning disabilities are academic learning difficulty, language disorders, delayed spoken language development, perceptual disorder and other similar characteristics of CWSN. Among them, Dyslexia (problems in reading), Dysgraphia (problems in writing), Discalculia (problem in maths) and Attention Deficit Hyperactivity Disorder (problem in paying attention) can be easily identified. The remedy to such problems can be teaching with joyful activities to make learning more interesting for the children. Along with that, psycho-social supports to children with learning disabilities, from parents, teacher and peers would give better results. To elaborate, raising a child with learning disabilities requires

dedicated parents, caring teacher, knowledgeable psychologists and committed researchers [Chadda: 2001].

According to Machado, there is little awareness among teachers on learning disabilities and schools hardly have facilities for holding remedial classes for those with learning disabilities. Though Rehabilitation Council of India Act, 1992, says that children with disabilities have the right to be taught by a qualified teacher, a majority of the schools don't have special educators or counsellors, even if they have students with disabilities [Deepa: 2006].

Disability and Poverty

Defining disability is complex and controversial. A full understanding of disability recognises a powerful human rights dimension often associated with social exclusion, and increased exposure and vulnerability to poverty. While examining the cause and consequences of disability, poverty stands on both sides. Almost 50 percent of disabilities are preventable and directly linked to poverty. It is estimated that only 2 percent people with disabilities in developing countries have access to rehabilitation and appropriate basic services. The UNESCO studies have suggested that only 1-2 percent of children with disabilities in developing countries receive education. Boys with disabilities attend schools more frequently than girls with disabilities. Studies show that women with disabilities are two to three times more likely to be victims of physical and sexual abuse than women with no disabilities [DFID: 2000].

"Disability is both a cause and consequence of poverty. Eliminating world poverty is unlikely to be achieved unless the rights and needs of people with disabilities are taken into account. This report assesses the significance of disability as a key development issue, and its importance in relation to poverty, human rights, and the achievement of internationally agreed development targets [DFID: 2000].

The close relationship between poverty alleviation and rehabilitating persons with disabilities is "the most crucial factor that has an impact on "development in all positive quarters" of persons with intellectual disabilities is "Poverty". One major idea to handle such situation is taking help from Self Help Groups [SHG]. Because, persons living close by will join together as a group with a positive intention of helping each other and collectively acting towards economic upliftment and for the development of the village /society they belong [Raman: 2004]. National Institute for Mental Health [NIMH] runs such groups and has seen improvement in mentally retarded children in Hyderabad and Secunderabad.

Disability and Census

Social justice and equity that are the dominant sentiments of the Constitution of India demand that India's 35 million physically disabled, if not the 5 million mentally challenged, children should be given preferential access into primary and secondary schools. The fact, however, is that over 90 million physically challenged children worldwide, of who 36 million are in India, are being systemically excluded from mainstream education [Chatterjee: 2003]. Disability index of education, skill development and employment, based on National Sample Survey and Census 2001, presents a gloomy picture of the life of the people with disabilities in India. It shows the limitations in various rehabilitation measures adopted by the government and non-governmental organisations. According to the survey 1.8 per cent of the total population of the country, i.e. 18.49 million people have various types of disabilities which include visual, speech, hearing, mental and locomotor disabilities. But the educational, social, health, transport and residential arrangements made by local, state, central governments or voluntary organisations often fall short of the requirement. This index has been computed for seven disability types for 16 major states. The data on employment of people with disabilities has been taken from Census 2001, while data on educational and skill development

(vocational education) opportunities has been taken from the NSS 58th round. The disability index for each disability type uses the data and categorisation of disability of NSS 58th round.

The disability index of a particular state shows the level of deprivation suffered by the disabled people in the state, the maximum deprivation level being 100. It is seen that the disability index of Orissa is at the maximum (80.39) and the disability index for Himachal Pradesh is the lowest (73.92). The fact that the minimum value of the disability index is 73.92 suggests that deprivation of basic growth facilities is at a very high level even where deprivation is low. This further explains that disabled are being bypassed in the process of economic development [Mishra & Gupta: 2006].

According to disability estimation in 58th round of NSS (2002) and Census 2001, there were 18.5 million persons with disabilities in 2002 compared with 21.9 million reported by the Census of 2001. This translates to a 20 percent of difference in the prevalence estimates, which can be considered as significant. The censuses of India and the NSS have different sampling designs. As said mentioned earlier, the census is an enumeration of the entire population of India while the NSS uses a nationally representative stratified sample. The census 2001 does not have a general definition of disability. Instead, a question on disability type was included in the population enumeration section (question 15) as follows: "If the person is physically/ mentally disabled, give appropriate code number for list below: in seeing, in speech, in hearing, in movement, mental". The general definition of disability is thus defined overall as an activity limitation in the NSS. Substantial differences are observed in both the estimates. The largest difference in prevalence estimates between the two sources is for visual disability. Visual disability prevalence is estimated at 10.6 million in the census (48.6%) and rates were higher than the census rates are locomotor disability by about 30 percent. For speech and hearing, the rates were 11.7 per cent versus 7.5 per cent and 16.6 per cent versus 5.8 per cent

respectively. The census and the NSS are two essential data sources that may be used in India to understand the frequency of persons with disabilities. It appears that the overall disability prevalence estimates in the census and the NSS are clearly not comparable. There are difficulties in comparing the estimates because the census does not have an overall definition of disability while the NSS does. Overall disability prevalence according to the census is the sum of prevalence estimates for the five disability types [Mitra & Moorthi: 2006].

Literacy

Literacy has much more meaning for a person with disability as it can, to a great extent, minimise the impact of disability on his /her livelihood. The People with Disability Act, 1995, stipulate that the government and appropriate local authorities shall "ensure that every child with a disability has access to free education in an appropriate environment till he /she attains age of 18". Literacy has much more meaning to a person with disability as it lessens his /her plight and opens up opportunities for development. Indian literacy rate have shown a remarkable improvement in the last decade in the rural and urban areas. As per the 2001 Census the literacy rate in rural and urban India is 49 per cent and 70 per cent respectively. But, in the case of people with disabilities, the percentage is quite depressing at only 41 percent and 60 per cent respectively [Mishra & Gupta: 2006].

India constitutes around 55 percent of illiterates with disability. It is seen that current enrolment ratio per 100 disabled children in the ordinary schools is higher in rural areas than in the urban areas i.e. 475 and 444 respectively. Considering all the categories of disabilities, enrolment of locomotor impairment has the highest rate and mentally retarded has the lowest rate of literacy. The number of boy students, who enrol is higher compared to the girl students. In the case of enrolment in special schools, it was extremely urban-biased, that is, about 11 percent were enrolled in the special schools in the

urban areas as compared to the less than 1 percent in the rural areas [Mohapatra: 2004]. The above studies have necessitated the need for reducing the gaps in gender and rural and urban areas.

Medical responsibility

All medical training programs must have component of disability orientation, introducing genetic counselling units at all hospitals, in-service training to update knowledge, starting more number of PHCs, starting inclusion at Anganwadi level, formation of SHGS, parent/sibling training, community participation, youth involvement, architecture barriers, awareness at school and college level, and orientation to youth and administration [Sethi: 2005]. Few studies say that India inherited "a top heavy-bottom weak, elitist unproductive and irrelevant educational system from the British". A big breach between policy stated and policy enacted in India is an open secret [Hegarty & Alur: 2005].

Purpose of Education

The focal point of the study is education. Educational systems explicitly or implicitly reflect a philosophical vision [Sharma: 2003]. The importance is given to education because of its direct impact on people. The process of education is to facilitate the continuous development and expression of the creativity. The success of education is the extent to which it enables human beings to discover their full potential and evolve a relationship with the world, based on critical inquiry and empathy [Sharma: 2002]. According to Amartya Sen, Jean Dreze and several others, lack of education is seen as the manifestation of our inadequacy, not as its cause. They have stressed that access to opportunity of education signifies true democracy. For them if India is claiming to be a democracy, it needs to create systemic conditions that will support such an equality of access [Madan: 2004].

Many developing countries, including India, have abolished official fees in primary education in an attempt to attain universal primary education. The 86th amendment to the Indian Constitution made free and compulsory education a fundamental right for all children in the age group 6-14 years. The purpose of the 86th amendment to the constitution of India is to make elementary education a fundamental right and statutorily enforceable.

Later in 2009, The Right of Children to Free and Compulsory Education Act, 2009, was enacted on 26th August, 2009. According to it, the government is responsible for providing free elementary education to every child of the age of six to fourteen years; ensure compulsory admission, attendance and completion of elementary education by every child of the age of six to fourteen years; ensure availability of a neighbourhood school as specified in section 6; ensure that the child belonging to weaker section and the child belonging to disadvantaged group are discriminated against and prevented from pursuing and completing elementary education on any grounds; provide infrastructure including school building, teaching staff and learning equipment; provide special training facility; ensure and monitor admission, attendance and completion of elementary education by every child; ensure good quality elementary education conforming to the standards and norms; ensure timely prescribing of curriculum and courses of study for elementary education; and provide training facility for teachers. But this has came to existence after the present field research is completed (RTE Act 2010).

After controlling the opportunity cost of going to school (as proxied by the ratio of children's wages to adult's wages), it is found that the direct costs of education adversely affect the probability of children going to school, more so for children from poorer households. The performance showed by girls is relatively more likely to be affected by the direct costs of schooling than boys. Making primary education completely and free will not increase the attendance rates to 100 per cent. The state have to incur an additional minimum

expenditure of over Rs.2,900/- crore every year to defray the basic or incompressible cost of attending school [Chandrasekhar & Mukhopadhyay: 2006]. The journey of free and compulsory education in India can be considered as second freedom struggle, since 'education' is an important 'freedom' as authorised by Amartya Sen. The purpose of the 86th amendment to the constitution of India is to make elementary education a fundamental right and statutorily enforceable. The state governments may also enact their own legislation to achieve this purpose [Tilak: 2004].

School education should inculcate a quest for truth, a logical bent of mind and the faculty of scientific reasoning. It must foster a secular and democratic approach to life and to society, enabling the student to rise above communal, linguistic and other parochial prejudices. It must develop social awareness, a sense of obligation to society, a sense of dignity of labour, and strength of character to fight against exploitation and injustice [Rajesh: 2002]. Among the three factors involved in production—land, labour and capital—it is particularly the quality of labour that determines the competitiveness of a country. Therefore, without surprise there is a strong correlation between endowment of skilled labour and the Gross Domestic Product (GDP) per worker across countries. Higher education enhances a country's capacity for participation in an increasingly knowledge-based world economy and has the potential to enhance economic growth and reduce poverty [Agarwal: 2006].

Understanding Teaching

The nature of teaching-learning process derives from the theory of meaning held. In a positivistic system, the teaching-learning process is based on the idea that meanings are objectively given and are universally accessible. Most of the teachers faithfully take the class through joyful singing and dancing but are not very convinced about them because they do not know why they are doing it. Most teachers having perfunctorily performed these will get back to the serious business of teaching. The alternative theory of meaning believes that 'meaning'

is always constructed and 'creativity' is the condition of knowing. So communication is a creative transaction. Meaning is created not by a simple transfer but by participation in a process constituted by plural subjectivities responding to each other and to an established common referent world. The negotiation of meaning is then essentially a creative act, a continuous interplay of interpretations. Hence, teaching is a creative action and it is highly needed in the Inclusive Education process. Another important task of teacher is evaluation. Evaluation is not about failing and passing. It is inherent in the process of teaching-learning. The inhering of evaluation in a teaching-learning process is most often understood to mean physical integration of testing methods in the teaching system. Though this is referred to as 'integration', it really remains, both by its concept and function, external: information unit plus test. Evaluation as a conscious methodology can be effective only if it seeks to understand how to create this space, how to make it clearer, larger, richer for the teacher and the learner. The negotiation of meaning is then essentially a creative act—a continuous interplay of interpretations. The school becomes a medium for education if it can make the child conscious of this situation, a situation he/she already is in, and develop skills to enable her /him to deal with it, i.e., the capacity to interpret, chose and understand the nature of freedom [Sharma: 2003].

While, studying the teaching objective of the students with disability, learning them through the play, measuring the progress of the child, assessing the teacher and different types teaching methods to the mentally disabled students, teaching should serve three objectives such as (1) what is ought to be achieved by teaching (2) designing particular teaching and (3) it should allow the teacher to know the effectiveness of teaching. In simple words, the teaching objective refers to what should be the successful outcome of teaching activity. It is also important to assess the teacher because every teacher though takes pride in the achievement, however, refuses to accept responsibility for the child's failure to learn. Typically, the child's disability is blamed. In fact, there are no defined

rules to teach a child with special needs. Therefore we have to work on the basis of assumptions. Learning through play occupies an important role because undernourished children play very little, cold, bodily discomfort or extreme frustration will reduce the incidence of play. A child with disability has less opportunity to watch parents and others at work than a normal child. So, it is important to provide these opportunities for them. Play is the safety valve. A child, playing on their own cannot fail because he makes his own rules to fit his capacities, and may be constantly changing the rules of the game [Misra: 2002].

"A Survey of the Impact of an NGO Project to introduce an Accelerated Reading Technique in Schools in Maharashtra", demonstrated that if children are taught properly, their academic abilities can improve substantially. Intervention was found to be more beneficial at the lower level rather than higher levels of primary education. The survey did not detect any gender bias in the process of learning. One of the distressing paradoxes of the Indian education system has been that while the government supported elitist centres (like the IITs and IIMs) of education that were able to reach international academics standards, the lower rungs of education like primary education has been grossly neglected. Reasons like lack of political will and apathy towards universal primary education that are found to be hindrances for the progress of primary education, has been studied and documented by many scholars [Sathe: 2005].

Understanding Policy

Education becomes state packaged welfare mechanism, rather than an opportunity for the community to learn. The school in a sovereign world, perpetuating a colonial culture, becomes a site for status-quoism and the child a stereotype. Such a construct of community makes the educational system worry about involving the community and contextualising curriculum and interventions for equity. Alarmed at the drop-out problem, additional structures

are created outside the school structure to mop-up the dropouts. Either they fail since they model themselves on the very school structure, which created the problem, or if they succeed they do not know how to relate to the mainstream school system. The apparent equal graded segments conceal the most unequal learning's and continue to aggravate these inequalities, since there is no relief from the regimentation of the structure. This de-centring of the child is the real dropping, rather pushing, out of the child even if he /she is physically present in the school [Sharma: 2003].

Children with disabilities are not covered by existing legislation on learning disabilities nor are they appropriately served in regular or special schools or through alternative forms of education [Chadda: 2001]. Inclusive Education for the children with disabilities could be successful if it includes Braille teaching, special schools, Integrated Education, Vocationalisation and Scholarships according to the need and necessity. Providing Vocational Training Centres, Special Employment Exchanges, Voluntary Organisations, Scheme of National Awards, and Reservation under Rural Development programs for persons with disabilities would also be of great support. There is a serious need for community-based rehabilitation. Apart from inclusive education and disability, there is a need for legislative support to rehabilitate through co-ordination and advise the bodies of the government. It stresses on protection of rights, access to physical environment and social security provisions and rehabilitative services. The role of media could also be significant in forming strategies to create awareness, public education and information. Role of Voluntary Organisations also have been playing a crucial role in creating awareness and providing public information. The range of NGOs is different according to its nature, size of the voluntary sector, international agencies and problem areas. The other thought which could change the lifestyle of the people with disabilities is using technology in rehabilitation sector [Panday & Advani: 1995].

The persons with physical and mental disabilities of our country suffer from social, economic and psychological burden that needs to be understood in the right perspective by the policy makers, implementers and the society in general. This, disadvantaged, section of our society has to bear additional costs of disability, some of, which are difficult to compensate. The physical and attitudinal barriers they face and the additional expenditure they have to incur for management of their disability are a few dimensions of their hardship. The following factors, however, accentuate the state of poverty of a person with disability; they are lack of educational facilities including educational aids, shortage of trained and sensitive teachers, absence of barrier-free school, inadequate vocational training, lack of employment opportunities in terms of availability as well as reservation of jobs, absence of barrier free environment, low coverage of rehabilitation services by both government and non-government organisations, less sophisticated/ manoeuvrable devices, ineffective implementation of reservation provisions in education and employment, and lack of earmarking of funds in related developmental activities for rural development [Mohapatra: 2004].

Another dimension of disability is women with disabilities. Sakshi Broota Hosamane, opines that women are over-protected, discriminated, exploited and marginalised. The rights movement of disabled women would require a lot more of nurturing, support, positive discrimination, equal opportunities and then empowerment and leadership. Being women with disability is considered as unfit to fulfil the role of homemaker, wife and mother, and attributed to the stereotype of beauty and femininity in terms of physical appearance. It is observed that medical, nutritional, educational, emotional, psychological, sexual, and recreational and employment needs of a disabled daughter are the last in the list of priorities of a family. Decisions regarding the lives of women in India are generally taken by their fathers, brothers or sons. And again, the intensity is higher in the case of women with disabilities [Deepa: 2006].

Inclusive education is a challenge to administration in the prevailing system in terms of physical structures, human resources, curriculum, teaching and communication media and methodologies, teaching and learning material, attitudes etc. The policy of inclusive education provides opportunities for all to develop a universal design which can include every one without exception. Inclusion of all children in ordinary schools can be true only when the process is started as a reform of the school and the education system as a whole [Puri, Abraham & George: 2004].

Sarva Shiksha Abhiyan and Inclusive Education

Inclusive Education is a key objective of SSA and a path towards Universalization of Elementary Education (UEE). The UEE is based on three important aspects: access, enrolment and retention of all children in age group of 6-14 years. The goal of UEE, has further been facilitated by the Constitutional (86th Amendment) Act, that has made free and compulsory elementary education a Fundamental Right, for all the children in the age group of 6-14 years. This amendment has given a new thrust to the education of children with special needs because without their inclusion, the objective of UEE cannot be achieved. In fact inclusion of one of the groups which is extremely crucial for UEE, is perhaps that of the children with special needs [CWSN]. Hence, education of CWSN is a very important component of SSA. Under this project, a provision of Rs.1,200/- per child per year is allotted. The major components of this program are identification, functional and formal assessment, appropriate educational placement, preparation of Individualised Education Plan, provision of aids and appliances, teacher training, resource support, removal of architectural barriers, research, monitoring and evaluation and a special focus on girls with special needs [SSA: 2007].

Universal education is not an end in itself. It confers many benefits to society and the people. It leads to better awareness of rights and duties, and strengthens democracy. In a caste-ridden society like India, it raises the possibility of

providing equal opportunities to the downtrodden. But, it has been found that, at an all-India level, around 30-40 per cent of school-going children are unable to read simple text fluently [Sethi: 2005].

Summing up

This chapter enumerates that children with disabilities are excluded in the society in different ways. This exclusion resulted in keeping these children away from education system. The earlier education system was interested in special education because of the perception that the children with disabilities cannot cope with the society. But studies have shown that inclusive education can give them more support, help them develop the ability to understand and coping mechanisms with their peers and society. This chapter mentioned the benefits, methodologies and strategies to implement inclusive education policies in India. Hence, the proposed study would be different from above studies because the researcher is trying to understand the practical possibilities in regular schools. The researcher is also trying to understand the gap between the policies made and implemented in India in general and Andhra Pradesh in particular.

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[*This chapter is an attempt to understand the East Godavari District in terms of its history, size, population, and educational background. The purpose of studying this district is to know how its history has impacted on its education and disability needs. It gives a detailed picture of available data on schools, special schools, enrollment in district as a whole and four selected mandals in particular. It helps to locate the roots of the educational policy interventions and implementations*]

East Godavari district is one of the 23 districts of Andhra Pradesh. After the formation of the West Godavari District in 1925, the residuary portion of the old Godavari District was termed as East Godavari District. As the name of the district conveys, East Godavari District is closely associated with the river Godavari which occupies a major portion of the delta area. The headquarters of the district is located at Kakinada. It lies on the north-east coast of Andhra Pradesh and is bounded by Vishakhapatnam and the state of Orissa on the northern side, Bay of Bengal on the eastern and the southern side and Khammam and West Godavari district on the western side. East Godavari is located between the northern latitudes of 16`` 30` and 18`` and between the eastern longitudes of 81``30` to 82``36`. It occupies an area of 10,807 sq. kms. The small enclave (30 km²) of the Yanam district of Pondicherry state lies within this district. Rajahmundry (well known business centre in Coastal Andhra) is the largest city in the Godavari districts.

I. Brief History of the District

Early Hindu Kingdoms

The district was ruled by Nandas and Mauryas in its early history. It was ruled by Sathavahanas in post-Mouryan era till the end of third century. The Coins found during excavations have revealed that Hala, Gautamiputra Satakarni, Vasisthiputra Pulumayi and Yajna Sri Satakarni have ruled the district. It is also evident

that the Gupta emperor Samudragupta invaded Pistapura and Avamukta in 350 A.D, Mathara Dynasty ruled from 375 to 500 A.D and Vikramendra of Vishnukundinas in 5th century. In the later years, rulers like Indra Bhattaraka, Madha Varma III and Manchanna Bhattaraka also ruled the district.

Chalukyas and Cholas

During the 7th century Badami Chalukyas ruled the district from Pistapura. The Pulakesin - II and his brother Kubja Vishnu Vardhana were the important rulers of this dynasty. The Pistapura was also ruled by Kubja Vishnu Vardhana, founder of the Eastern Chalukya, and later shifted to Vengi and Rajahmundry. The famous Shiva temple in Draksharama was built during Chalukya Bhima–I.

In 973 A.D, Jata Choda Bhima of Peda Kallu (Kurnool District) killed Danarnava from Eastern Chalukya dynasty and occupied Vengi. Sakti Varma-I and Vimala Aditya, Danarnava's two sons, fled from the kingdom and took refuge in the court of the Chola king Rajaraja Chola-I. Rajaraja invaded Vengi on behalf of the sons of Danarnava and killed Jata Choda Bhima. Satya Raya of the Western Chalukyas of Kalyani did not like the Chola's burgeoning influence in Vengi and the area witnessed many wars between the Cholas and Chalukyas. In 175 A.D after the death of Vijaya Aditya-VII the Eastern Chalukya's dynasty came to an end.

Kakatiyas and Delhi Sultanate

Prola-II of the Kakatiya dynasty declared independence from the western Chalukyas and became a part of Chalukya Cholas kingdom. His son Rudra got Godavari delta as gift from the Rajaraja-II but it was challenged by the Velanadu Chodas. The Velanati king Rajendra Choda-II sent army headed by Davana Preggada against Rudra. Rudra was succeeded by his younger brother Mahadeva who died in fighting with the Yadavas of Devagiri. His son Ganapathi succeeded to the Kakatiya throne. Ganapathi defated Kalinga armies on the north, Pandyas of Madurai and Cholas with the help of Nellore Chodas. The Kakatiya power

remained undisturbed in the Godavari region throughout the reign of Ganapathi and her daughter Rudrama devi. Pratap Rudra ascended the throne in 1295 and faced many attacks from Sultans of Delhi. After his defeat by Muhammad-bin-Tughluq in 1323, the district came under the rule of the Delhi Sultnate.

Musunuri Nayaks, Reddys and other Hindu Kingdoms

Musunuri Nayaks came into power by weakening Delhi sultanate. He was helped by Koppula Telaga's of Pithapuram. Musunuri Kapaya Nayaka appointed his relatives Toyyeti Anavota Nayaka and Mummadi Nayaka (Korukonda) as governors in Godavari region. Mummadi Nayaka married the niece of Kapaya Nayaka. Mummadi Nayaka and lived till 1388 and his successors continued their rule for the next 40 years. The later successors merged themselves with Reddys of Kondaveedu kingdom. In the later phase Rajamahendravaram become the seizure throne of Kondaveedu dynasty. Later, the Kondaveedu rule was taken over by Gajapathis of Orissa and Rayas of Vijayanagara.

Later Muslim Kingdoms

The direct muslim rule entered Godavari region with Quli Qutb Sha of Golkonda. The last rule of this clan was Tana Shah who ruled from 1672-1687. During this period, the Mughal emperor Aurangzeb as part of bringing southern India under his control, he brought East Godavari District into Mughal Empire form 1687. The administration was done through Nizam-ul-mulk of Hyderabad. In the post-Nizam rule, it was taken over by Britishers and continued up to India's political independence.

The erstwhile Godavari was a combination of present-day East Godavari, West Godavari and Krishna districts. Since 1794, collectors were appointed in Kakinada and Rajahmundry to collect the Board of Revenue from the rich fertile lands of Godavari region. Due to the heavy administrative burden on collectors, the Godavari region was divided into Godavari and Krishna district. On the 15th of

April 1925, Krishna district was again bifurcated and West Godavari district was constituted. The residuary portion of Godavari district was named as East Godavari district with its headquarters at Kakinada.

II. Demography features of the District

Presently the district consists of 60 Mandals, seven Municipalities, 300 Municipal Wards, two Municipal Corporations, 1012 Panchayats, and 1378 Villages. The district was dived into five revenue divisions. They are Kakinada, Rajahmundry, Peddapuram, Rampachodavaram and Amalapuram. There are three Parliamentary and 21 Assembly constituencies in East Godavari district. The parliamentary constituencies are Amalapuram, Kakinada and Rajahmundry. The assembly constituencies are Alamuru, Allavaram, Amalapuram, Anaparti, Burugupudi, Jaggampeta, Kadiam, Kakinada, Kothapeta, Mummidivaram, Nagaram, Peddapuram, Pithapuram, Prathipadu, Rajahmundry, Ramachandrapuram, Razole, Sampara, Tallarevu, Tuni and Yellavaram.

Area and Population: The East Godavari district is spread in the area of 10,807 sq.km. According to 2001 census the total population in the district was 49,01,420 including 24,59,640 males and 24,41,780 females. The urban population of the district was 11,51,885 consisting 5,74,521 males and 5,77,364 females. The rural population of the district was 37,49,535 consisting 18,85,119 males and 18,64,416 females. The scheduled caste population consists of 8.82 lakh where as scheduled tribes population is 1.92 lakh. The scheduled caste literacy rate is 61.14 percent consisting 7,62,651 literates and schedule tribe literacy rate is 44.60 percent with 1,62,325 literates [Census India: 2001].

Geography: The elevation varies from a few meters near the sea to about 300 meters in the hills. The main rivers are the Godavari, Pampa, Thandava, and Yeleru. General Sir Arthur Thomas Cotton's irrigation plans like to use Godavari water also improved the cultivated land in the district. East Godavari District can be broadly classified into three natural divisions, the delta, the upland, and hill

tracts. The delta consists of the whole of Konaseema and portions of Kakinada, Ramachandrapuram and Rajahmundry areas. Soils are alluvial in deltas of Godavari and sandy clay at the tail portions of Godavari. This area is known for rice, plantain, betel, coconut gardens and many palmyrahs. The areas surrounding Tuni, Pithapuram, Peddapuram and Portions of Kakinada, Ramachandrapuram and Rajahmundry constitute the upland areas. The hill area consists of Eastern Ghats around agency areas of Rampachodavaram and Yellavaram. Red loamy soil is found in upland and hill areas.

Resources and Industries: East Godavari is famous for agriculture and is the most prosperous district in the state and is the second richest district in the country. Statistically it is a potential hinterland for oil and natural gas reserves in the country as many areas are identified as richest sources for oil and Natural gas in Godavari basin. It has Andhra Paper Mills and Thermal Power Station in Rajahmundry, Crocodile Sanctuary in Coringa, Wild life and Bird Sanctuaries in Papi Hills (Eastern Ghats), Machkand Hydro Power project and Natural Gas Power station at Vijjeswaram, Small Scale Industries of Musical instruments at Pitahpuram, Natural Sea Port in Kakinada, Cotton Barrage at Dhawaleswaram, Godavari and Nagarjuna Fertilizers, Sugar factories at Samarlakota and Pittahpuram, Plywood unit at Rampachodavaram, Dairy, Hatchery and Piggary Forms, Fisheries, Spinning and Saw Mills are the important Industries of the district.

Economy: The main occupations of the people are cultivation and animal husbandry. The district is famous for high milk yielding cow breeds like Punganoor breed. The atmosphere of this district is awesome with greenery all around. Thousands of acres of lush green paddy fields are a pleasant sight to watch out. There are hundreds of poultry farms and EGG's produced are exported to different placed in India.

III. Education Scenario in the District

Educational Profile of the District

The historical background of East Godavari district in terms of education and culture is quite rich. Rajahmundry, Draksharama, Pithapuram, Thatipaka, Kotipuri /Kotipalle and Korukonda were termed as centers of learning in the past (Ramesan: 1979; 184). The historical evidences prove that the ancient rulers have patronized education in the district. Among them, Madhava Varma and Pampanaraya championed in Vedic Education; and Prasarabhatta and Vedanta Desika championed in Vaishnavaite Education. Later the tradition of education was continued by muslim dynasties like Qutb Shahis, Mughals, and Asaf Jahis, though it was not of indigenous kind. The Zamindars of Pithapuram and Peddapuram in modern era also contributed in the field of education and culture but the gradual disappearance of local kingdoms and British emergence was not supported by public policy and was protested largely by individual scholars and institutions (Ramesan: 1979; 184).

Education in Colonial Period

In A.D. 1813, the court of Directors of the East India Company earmarked a sum of one lakh rupees out of their Indian revenues "for the encouragement of the learned natives of India" and for the introduction and promotion of a knowledge of sciences among the inhabitants. In the very year, one of the five Provincial Schools sanctioned by Madras Presidency was established in Rajahmundry. This institution intended to provide education up to the First Arts Examination (FAE) of the Madras University. Later it was downgraded into Zilla School, provided education up to matriculation and was again upgraded to college in 1873. The upgraded college is presently called Government Arts College and school as Government Multipurpose School (Ramesan: 1979; 184-85).

The local elites of Kakinada (Cocanada) with the help of T. Prendergast, the then collector, and Tulasinga Chettiar, Sheristadar, founded the Hindu Middle School at

Kakinada in 1852. The institution was depended on private subscriptions till 1862 and received fresh impetus in the following year by Arthur Purvis, the then collector of the district. It is now called as Pithapuram Raja's (PR) Government Collegiate Higher Secondary School. Similar schools were established in Kothapeta by a committee of officials and non-officials in 1870 and in Amalapuram by local elite in 1873. The Zamindar of Pithapuram also founded a middle school in his Samsthanam in 1869. He liberally donated funds for the maintenance of the college and high school at Kakinada. Among the Christian Missionaries, the Canadian Baptist Mission (CBM) (formerly American Evangelical Lutheran Mission) established schools at various places in the district. Mrs. John Maclaurin of the Canadian Baptist Mission founded a primary school for girls in 1874 at Kakinada, the Church Missionary Society established a middle school at Amalapuram in 1875, and the United Lutheran Church Mission started a school at Peddapuram in 1891. Some Anglo-vernacular schools started in the second half of the 19th centuary in Dowleswaram, Ramachandrapuram, Vella, Tallarevu, Vakathippa, Samalkot, Tuni, Peruru, Indupalle, Jagannadhapuram, Mandapeta, Ryali, Ambajipeta, Bhadrachalam and Dummagudem helped the growth of education in the district. (Ramesan: 1979; 185-186)

Literacy rate in colonial period

The track record of literature rate in the district from 1901-1961 portrays an interesting sketch. During this period the percentage of literature in the district rose from 4.14 to 26.00. The district occupied fifth place in states of total literacy percentage and above the national average 24 percent and state average 21.2 percent. The district was ranked as 5th in literacy among women literates in the state. The comparatively prosperous taluks like Rajahmundry, Kakinada and Amalapuram were considered as vanguards of literacy. Comparatively, the less impressive category of Taluks were Razole and Ramachandrapuram strived hard to improve their literacy figures. The agency and upland taluks like Peddapuram and Tuni were considered as the backward zones in the literacy areas. The population

completed their matriculation were 1.77 percent of the total literates. Likewise, 9.28 percent of the population completed their elementary education. The education above matriculation included university degrees, technical and non technical diplomas equal to degrees and below degrees and in the fields of teaching, medicine, engineering, agriculture, veterinary and dairying, technology and others (Ramesan: 1979; 186-7).

Women and Education in colonial period

The women education was also given importance under the missionaries in the district. The Rajahmundry Maharaja School was the biggest school during 1883-84 and it was continued until 1890. During 1869, The Canadian Baptist Mission established a school for girls at Kakinada, and the United Lutheran Church Mission established higher elementary school for girls at Samalkot. In 1870, the Deputy Collector at Kakinada established schools for 'caste' girls with help of public subscriptions and similar schools were opened at Amalapuram, Dhavaleswaram, Injaram, Tallarevu, Ramachandrapuram, Peddapuram and Tuni by mobilizing the local fund during 1880. In the same year primary schools were developed into incomplete secondary education. A separate school for girls started by Mrs. John Maclaurin at Kakinada in 1874 showed the initiatives taken towards girls' education; Mr. Kandukuri Veeresalingam opened convent schools for Anglo Indian, Indian girls and little boys at Kakinada and Balikala Paathasala (School for girls) at Dowleswaram which stood as the fine examples of women education in the district. In 1887-88, Rajahmundry Municipality opened school for girls at Innespeta; Vijayanagaram and Pithapuram Zamindars founded two schools at Rajahmundry and Kakinada in 1890. In the same year, another secondary school named Thimpany Memorial Boarding and Day School for girls was opened at Kakinada (Ramesan 1979; 187). Since then, the district witnessed steady progress in the expansion of women's education until 1946-47.

By 1969-70, there were sixteen high schools, one middle school and two higher secondary schools for girls. There were also other institutions, professional and collegiate, functioning in the district for the exclusive benefit of women. They are, C.B.M. Secondary and Training School for women and the Government College for Women from Kakinada, Andhra Yuvati Samskrita Kalasala, Sri Kandukuri Rajyalakshmi College for Women and Sarangadhara Industrial School for Women from Rajahmundry, the Whitteker Secondary and Training School for Women from Samalkot and Kamala Nehru Cottage Industrial School for Women from Razole (Ramesan: 1979; 189).

General Education during Colonial Period

Primary Education:

The Christian Missionaries and the local elite in the first half of the 19th century were successful in the establishment of schools imparting primary education in the district. This period was evident for both public and private school establishments both by government and local managements. The duration, 1923-24 to 1930-31 signified considerable expansion of primary schools. The circumstances aroused in diarchy, helped Indian ministers to spread education among masses. This initiative was continued in increasing enrollment though the number of school decreased in the further decades. The progress can be seen in post independent India particularly under the Five Year Plans (1951 to 1966). The formation of the Panchayat Samithis in 1959 had encouraged elementary education and large number of primary schools in the district came under Panchayat Samithis.

An educational survey was conducted in 1957 to consider the implications as well as the magnitude of the introduction of compulsory primary education and, on the basis of this survey; the Andhra Pradesh Primary Education Act, 1961 was passed. This Act, implemented by the local bodies within their respective jurisdictions, was intended to cover the enrolment of all children in the age-group of 6-11 within a period of five years. By the end of the Third Five Year Plan, about 87.4 per cent of

boys 82.3 per cent of girls were enrolled but only 68.5 per cent reached fifth class in 1968-69 due to their irregular attendance of the students and untrained teachers. The failure of children to attend the schools after being enrolled has attributed in a very large measure to the economic backwardness of the rural masses. It was somehow compensated by mid-day meal scheme supported by American organization CARE (Ramesan: 1979; 190-91).

The government was influenced by Mahatma Gandhi model of education. The aim of the Gandhian Model is to replace book oriented and examination dominated education with child oriented system of education. The appropriate mode of education in both learning and teaching is given primary importance along with curriculum and medium of instruction. The method adopted for the spread of basic schools with basic training for teachers developed primary schools within in radius of five miles and some of the primary schools have converted into basic schools. This basic pattern was introduced in the district since 1950-51. During the period 1950-64, the establishment of junior and senior basic schools and three teacher training schools were started. But in the later period, the basic pattern underwent a great deal of organizational and curriculum change. By 1965, the integrated curriculum was fully established in all the seven classes of elementary sector and basic schools existed as a separate categories yielding place to primary and upper primary schools respectively (Ramesan: 1979; 191-2).

Secondary Education:

Until 1852, there was no attempt to introduce secondary education except for the historic enquiry instituted by Sir Thomas Munro in 1822. As a result, Collectorate and Tahsildaree schools were established all over the Presidency. In 1826, two Tahsildaree schools were opened at Kakinada and Rajahmundry to advantage the poor. The scheme was scraped and these schools were abolished in 1836. In 1852, the collector T. Prendergast and his Sheristadar started Hindu Middle School at Kakinada with the liberal contributions of the local elite. But the heavy

dependency on public subscriptions resulted in closing down the school in 1862. It was again revived and upgraded by Mr. Arthus Pervis, the then collector in 1866. The provincial school established in 1854 at Rajahmundry was reduced to the Zilla School and was again upgraded into a Provincial School in 1868, under Madras University. The 1867 was evident of a middle school in Pithapuram and two middle schools in Rajahmundry. During 1870, government established Taluk School at Amalapuram and a girls' secondary school at Bhadrachalam in 1874. Thus, by 1876-77, there were six secondary schools in the district about 660 pupils receiving education (Ramesan: 1979; 192-3).

During the 1880's, local bodies started taking active interest in the spread of secondary education. By 1881-82, the Church Missionary Society under its management opened one high school at Amalapuram. The Canadian Baptist Mission founded two middle schools at Samalkot and at Jagannadhapuram, the American Lutheran Church Mission founded a secondary school at Rajahmundry in 1884, and Local Board Schools were functioning around 22 places of the district. The Government Taluk School at Amalapuram also came under the management of the Local Board in 1885 (Ramesan: 1979; 193-4); a secondary school was opened at Ambajipeta and Ryali 1890 and a Middle School was established at Koringa in 1891-92 and schools in Ramachandrapuram, Peddapuram and Tuni were brought under the management of Local Boards. In the very year, The United Lutheran Church Mission founded a middle school at Peddapuram (Ramesan: 1979; 194).

Secondary education after Independence in 1947 has gone under structural changes at state level. They are (1) Introducing Secondary School Leaving Certificate Examination (SSLCE) in 1911 substituting the old Matriculation Examination, (2) Creation of District Secondary Education Boards in 1923 (later abolished in 1937), (3) Establishment of the Board of Secondary Education (1951-66), (4) Separation of administrative and supervision functions (1965-66), (5) Universal "Minimum Program" (1966), (6) Ten-year non-elective high school course in 1968-69, (7)

Two-year Intermediate course in 1969-70, and (8) Abolition of pre-university course (1970-71) (Ramesan: 1979; 195).

In the process of democratic decentralization of local administration (1959), secondary education was brought under the Zilla Parishad. The first Zilla Parishad School was set up in Samalkot in 1956-57. This pattern was affected by Ten years non elective course followed by two year intermediate course. The upgraded high schools were called as Junior colleges and it was introduced both in science and arts subjects. The minimum program of academic improvement represents the essence of the Intensive Schools Improvement Program launched by National Educational Research and Training (NCERT) emphasizing the principle of academic planning at the institutional level. The separation of administrative and supervisory functions resulted in creating District Educational Officer (DEO) in the place Regional Deputy Directors at the state level. A DEO was appointed in Kakinada whose functions are mainly administrative in relation to elementary and secondary schools.

Collegiate Education:

The district which was fairly advanced in the field of higher education was within the territorial jurisdiction of the Andhra University which was established in 1926. One of the oldest colleges under Andhra University was Government Arts College in Rajahmundry. It was started as a provincial school, downgraded for some time and again upgraded, and finally became first Grade College in 1877. It was one of the biggest institutions in the entire Andhra area of erstwhile Madras State. In 1965, the strength of the college rose to more than 2,000 and shift system was introduced to manage the classes. Another equally old college was Pithapuram Raja's Government College at Kakinada. It was closed for some time and underwent a revision, up-gradation and in 1884 was finally developed into a second grade college (Ramesan: 1979; 198-9).

Professional Education:

The main branches of Professional Education in the district were Teacher-training, Engineering and Medicine. The Local Fund Elementary Normal School at Rajahmundry was established in 1883. It was raised to secondary grade training school in 1892 and it was taken over by the government a couple of years later; It attained the status of a training college in 1894, and it remained closed during 1911-1916. A training college was opened again in 1917 at Rajahmundry, which was converted into basic type in 1950 and closed in 1967. In the early years of the second decade of 19th century, the School for Women was started and Government Secondary Trainingconverted into basic training school in 1961 and wound up in 1967 (Ramesan: 1979; 198-9).

The Canadian Baptist Mission founded a training school for women at Kakinada in 1927. It was closed during 1940-41 but revived again in the following year. The American Evangelical Lutheran Mission also established a training school for women at Rajahmundry in the first decade of this century. All of them were closed by third quarter of 19th century. In 1958-59, the training section was, however, transferred to the Whittekar Secondary School for Women at Samalkot. The Rangaraya Medical College at Kakinada was established in 1958 by the untiring efforts of the Medical Education Society formed with the specific object of providing facilities for medical education in the area. It was named after Pendyala Sree Ramachandra Venkata Krishna Ranga Rao of Dommeru village on whose behalf a donation of Rs.5 lakhs by Mallipudi Venkatarayudu Memorial Educational Society of Tanuku. The college was affiliated to Andhra University, with provision for only M.B.B.S, degree. The other teacher-training colleges were the Government Training College and Lutheran Basic Training School were from Rajahmundry and Rakshanodaya Training School was from Kakinada (Ramesan: 1979; 199).

Technical Education:

The spread of technical education in the district was a recent phenomenon. It was started in 1946 with Government College of Engineering and Andhra Polytechnic at Kakinada. The National Industrial School founded by the Baptist Mission at Kakinada in 1925 and the National Industrial School established by local elite in Rajahmundry was abolished in 1936. The Government College of Engineering, the biggest institution in the district, provided engineering courses namely in electrical, mechanical, and civil up to degree level. The Andhra Polytechnic, and the Government Polytechnic for women from Kakinada were providing instruction in civil engineering, electrical communication, pharmacy and commercial practice up to diploma level (Ramesan: 1979; 199-200).

Schools and Colleges for Fine Arts:

The Godavari region was also rich in other forms of education. The cultural events like music, dance and painting were systematically studied and thought. It was started with Damerla Rama Rao Memorial Art Gallery in Rajahmundry in 1925. The Gallery not only exhibited the paintings drawn by him but also imparts training in molding (sculpture), art, drawing and painting up to diploma and certificate levels. The Tyaga Brahma Vidwat Parishat started in 1946 introduced five year course in both in vocal and instrumental music. During 1964-65, music and dance were introduced as co-curricular subjects in women's colleges, and in higher secondary girl's schools 1965-66. In the very year, painting for boy's in multipurpose or higher secondary schools in 1965-65 was introduced to develop the arts. The promotion of arts and culture was supported by some well-established voluntary associations in Kakinada and Rajahmundry. Few of them are, Saraswati Gana Sabha (1904), the Youngmen's Happy Club (1916), the Sri Rama Samajam (1923), and the Andhra Art Academi (1954) from Kakinada and Andhra Gana Kala Parishat (1949) and the Lilitakala Niketan (1954) from Rajahmundry (Ramesan: 1979; 200-01). These developments in arts education show the advancement of the Godavari region in the field of cultural education.

Oriental Education:

The oriental education during British, whatever little left in the district, went well during 19 century. There were some Pathasalas, Madrassahs and Maktabs mainly depending on the private munificence of Zaminars and few other enthusiasts of oriental learning. Few of them have survived even battling with western education. Rajahmundry was one of the biggest oriental education centers with two Vedic and seven Sanskrit schools during 1886-87 (Ramesan: 1979; 200-01).

The various steps adopted by the Government while encouraging the study of oriental languages introduced a well-defined syllabuses in 1912; conducted examinations in 1915, advanced course of studies in 1919 and sanction of aid and scholarships regularly from 1916-17. Further encouragement was provided in this field only after 1947. The Pathasalas were reorganized into oriental schools with Sanskrit as a compulsory subject and one modern language as an optional. The advanced Sanskrit schools were converted into ordinary oriental secondary institutions during 1952-53, and some schools made Sanskrit as part II of the first language. Later in 1969, integrated syllabus was introduced with Sanskrit, Arabic and Persian as main languages in secondary schools. Few such colleges were Andhra Yuvati Samskrita Kalasala in Rajahmundry; Rajamahendravara Vaisya Seva Sadana Sangham, affiliated to Andhra Univerisity, Sree Challapalli Rajeswari Sanskrit College, and Gauthami Vidyapeetham Oriental College at Rajahmundry (Ramesan: 1979; 201).

Education of the Handicapped

For the first time in history of the district, the problem of education of the ineffective and orthopaedically handicapped children could be deemed to have received some attention with the establishment of a special school for the inmates of the Leprosy Home and Hospital at Ramachandrapuram in 1942. This school provided training in crafts like rattan work, weaving, dressmaking and tailoring. There were 120 leprosy pupils in the school during 1969-70. There was no further

development in the provision of facilities for the education of the handicapped children until 1954. The deaf were taught up to X standard, besides providing training in some useful crafts. In this school, there were 122 deaf pupils including 32 girls during 1969-70 (Ramesan: 1979; 201-202).

Social Education:

The Social education and adult literary did not receive adequate attention in this district, unlike the rest of the country, until Independence. Among the available sources, it was mentioned that a night middle school was in existence in Rajahmundry until 1888-89. The raise of such schools started in 1911-12 with 40 schools and reached 387 schools in 1928-29, and added another eight schools in 1939-40. In the mean while, the government had opened Adult Education classes during the period from 1927 to 1930 and Training School for Masters, the Government Training College and the Government Arts College at Rajahmundry were also closed during the quinquennium ending with 1946-47. However, in 1946-47, there were two adult education classes started in the district, one at Samalkot and the other at Kondevaram in Pithapuram taluk (Ramesan: 1979; 202).

Adult literacy and social education assumed greater importance after the advent of Independence, as the need for literacy and the basic knowledge necessary for participating in the functions of a democratic society was keenly felt. Accordingly, a scheme of social education was launched in 1948 and in 1950-51. The strength of schools was 56 and enrolled adults were 1,336. By 1953, the Government of Madras State established an Adult Training School at Anaparthi to give intensive training to elementary school teachers in social education. By 1953-54, the local bodies started evincing keen interest on the promotion of adult literacy and there was evidence of 42 schools functioning under the control (Ramesan: 1979; 203).

As mentioned earlier, with the ushering in of the democratic decentralization of local administration in 1959, the promotion of adult literacy and primary education came under the purview of the Panchayat Samithis. The results achieved in respect

of adult education by Samithis in the district. However it was not very tangible, as the number of adult schools stood at 9 by 1965-66 with 146 pupils. Under the adult literacy scheme on the lines of the 'Gram Siskshan Mohim' of Maharashtra, a scheme tried advantageously by the Director of Public Instruction in 1967 and this district was not allotted any centre (Ramesan: 1979;   202-03).

The Rise of the Library Movement

The movement for library shows the keen interest shown by Godavari region in terms of education and spreading knowledge in general and developing an awareness of public and social consciousness in particular. The library movement and the development of libraries actively promoted the development of education, culture, social and political consciousness in the region. As per the available sources, the first reading-room and library was opened in 1881 in Rajahmundry town. It was called as Town Hall Reading Room. This was followed by the Jubilee Library and Reading-Room in1884 and the Sree Goutami Library established in 1898 in Rajahmundry town. The important persons in the movement are Nalam Krishna Rao in 1987, The Raja of Pithapuram in 1908, and Maharaja of Polavaram in 1912. Few other examples of libraries were Veerasalingam Theistic Library (1912), the Sri Rama Bala Bhakta Library (1920), the Lutheran Reading Room (1923), the Saraswathi Vidyapeetham Library, and the Andhra Historical Research Institute Library at Rajahmundry; Sri K.R.V.K. Library and Free Reading Room (1913) and Sree Eswara Pustaka Bhandagaram (1916) at Kakinada. However, it was with the enactment of the Madras Public Libraries Act of 1948 in the beginning and later replaced by the Andhra Pradesh Public Libraries Act of 1960 had the considerable impetus in the district. The Zilla Granthalaya Samstha (ZGS), held responsibility of organizing and developing libraries. In the consequent years, one central library, one children's library, 46 branch libraries and 40 book deposit centers were maintained by ZGS. The branch libraries were opened for 5,000 and above population, and book deposit centre are established for 1,000 to 5,000

populations. All the taluk headquarters and some big villages were provided with branch libraries (Ramesan: 1979; 203-04) (Rao: 1989; 25-28).

Since Indian independence, 1947 to present

After India's independence in 1947, the former Madras Presidency of British India became India's Madras State. During the same year, Kothapeta taluk was formed. In 1953, the northern districts of Madras state, including Godavari District, became the new state of Andhra. Yanam was relinquished by the French in 1954, but one condition of the cession treaty was the retention of the district's separate and distinct identity, which also applied to the other South Indian enclaves constituting today's Pondicherry state.

An important change that occurred subsequently in the territorial jurisdiction of the district was the transfer of Bhadrachalam and Nugur taluks to Khammam district in 1959, because of their geographical continuity and also for reasons of administrative convenience. Since then, the district did not undergo any changes in its territorial jurisdiction According to 1961 Census, the district consisted of 12 taluks viz., Kakinada, Amalapuram, Razole, Kothapeta, Ramachandrapuram, Rajahmundry, Peddapuram, Prathipadu, Tuni, Pithapuram, Rampachodavaram and Yellavaram. In July 1969, two independent sub-taluks namely, Alamur and Mummidivaram were formed out of Ramachandrapuram and Amalapuram taluks respectively. According to 1971 Census the district thus consisted of eight taluks and six independent sub-taluks grouped under four Revenue Divisions-Kakinada revenue division comprising of Kakinada and Pithapuram (Independent sub-taluk); Rajahmundry revenue division with the taluks of Rajahmundry, Ramachandrapuram, Alamur (Independent sub-taluk) and Rampachodavaram (Independent sub-taluk), Peddapuram revenue division comprising Peddapuram taluk, Prathipadu taluk, Tuni (independent sub-taluk) and Yellavaram (independent sub-taluk) and Amalapuram revenue division with the constituent taluks of Amalapuram, Kothapeta, Razole and Mummidivaram (independent sub-taluk).

Contemporary Literacy rate in East Godavari

The following table shows the literacy rate in the district since three consecutive census enumerations i.e., 1981 to 2001.

Table3.1: The Literacy rate in East Godavari District

Year	Male Literates (in Lakh)	Female Literates (in Lakh)	Literacy rate (%)
1981	7.75	5.32	35.31
1991	10.25	8.02	40.80
2001	15.05	13.03	65.48

Source: SSA, Annual Plan -2009-10, East Godavari.

The total literacy rate of district according to 2001 census is 65.48 percent. Literate rural males are 11,00,881 (53.69%) and Urban literate males are 4,06,107 (53.25%), where as Rural female literates are 9,49,601 (46.31%) and Urban female literates are 3,56,529 (46.75%). As a whole, urban literacy rate (75.11%) is comparatively greater than the rural literacy (62.52%) rate. Female ratio of literacy is comparatively lesser than the male literacy in all aspects. The table shows a gradual increased in literates in the district and it has a rapid growth from 1991 to 2001.

Sarva Shiksha Abhiyan

Sarva Shiksha Abhiyan is a multi dimensional program to provide education to their door step. It includes all kinds of programs to provide quality education and bring back the out of school in to school. . This program has been in implementation in East Godavari district of Andhra Pradesh since 2006. The SSA activities are limited to only 32/60 mandals due to the non-availability of the specially trained teachers. The aim of the program is to identify the special needs of the children in every village and take precautionary measurements and to provide education according to their needs. The whole process has been monitored by Community Mobilization officer at the district level. Currently, at the time of

research, the number of special needs children identified in the district are 11,279 and enrolled in schools are 10,122, and 612 children are proposed for Home Based Education.

SSA in East Godavari could able to provide 100 percent access to primary and upper primary schools during 2005-6 and 2006-7 annual reports. The access includes opening of new schools, opening of EGS centres, opening Integrated Schools, conducting long term bridge course camps, non-residential bridge course centers for mainstreaming of out-of-school children, constructing buildings, and upgrading the schools from primary to upper primary schools. The following table show the access provided in the district from the year 2001-02 to 2008-2009.

Table: 3.2: The Access to Primary and Upper Primary Schools

Year	Total Number of Habitations	Access Primary School				Access Upper Primary Schools			
		Habitations covered			Coverage (%)	Habitations covered			% of coverage
		Regular	EGS/AIE	Total		Regular	EGS/AIE	Total	
2001-02	3844	3275	120	3395	88.31	2313	0	2313	60.17
2002-03	3844	3675	120	3795	98.70	3457	0	3457	89.82
2003-04	3871	3729	220	3949	102.0	3635	0	3635	94.43
2004-05	3846	3626	220	3846	100.0	3710	0	3710	96.46
2005-06	3846	3626	220	3846	100.0	3665	0	3665	98.88
2006-07	3844	3624	220	3844	100.0	3665	0	3665	98.88
2007-08	3844	3646	196	3842	99.97	3805	0	3805	99.19
2008-09	3850	3648	151	3799	98.68	3642	0	3642	94.60

Source: SSA Annual work plan 2011-12, East Godavari.

The East Godavari maintains a good record of providing access to primary schools for all habitations. The highest percentage accessibility provided was 100 and lowest percentage of accessibility provided was 88.31. During the years 2004-05 to 2006-07, 100 percent access was consistently provided in the district. It has reached 102 percent during 2003-04 year. The district has 98.68 percent access to primary schools at the time research. Whereas access to upper primary schools low

in 2001-02 with 60.17 and highest was in the year 2007-08 with 99.19 percent. Though it has 94.60 percent of access during at the time of research, it has shown a great change from 2001.

The table 3.3 is brief note on new opened Primary and Upper Primary schools during 2001-09. The East Godavari district was succeeded in opening all the sanctioned schools during the 2001-09. The Primary Schools were opened in 2001-02, 2005-06, and 2006-07.

Table 3.3: Primary and Upper Primary Schools opened during 2001-09

Year	Primary Schools		Upper Primary School	
	Sanctioned	Opened	Sanctioned	Opened
2001-02	275	275	310	310
2002-03	0	0	104	104
2003-04	0	0	74	74
2004-05	0	0	20	20
2005-06	19	19	54	54
2006-07	30	30	0	0
2007-08	0	0	0	0
2008-09	0	0	0	0
	324	324	562	562

Source: SSA Annual work plan 2011-12, East Godavari

The Upper Primary Schools were opened in 2001-02, 2002-03, 2003-04, 2004-05, and in 2005-06.

Table 3.4 shows the enrolled students and non enrolled children during 2001-02 to 2008-09. Understanding Enrollment is another area to understand the educational scenario in the district. The table shows 'in school' and 'out of school' children from 2001 to 2009. It is observed that there is a comparatively decreasing tendency in both 'in school' and 'out of school' children but a drastic change is found in out of school children.

Table 3.4: Student's Enrollment in School / Out of school

Year	Total Population 5-14			In School 5-14			Out of School 5-14		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2001-02	418029	412766	830795	403824	401144	804968	14205	11622	25827
2002-03	390590	386953	777543	382393	380247	762640	8197	6706	14903
2003-04	380379	377485	757864	372521	371056	743577	7858	6429	14287
2004-05	384962	383392	768354	374008	374430	748438	10954	8762	19916
2005-06	366704	370542	737216	354613	360649	715262	12091	9893	21984
2006-07	403998	401279	805277	395774	394551	790325	8224	6728	14952
2007-08	347406	343280	690686	344913	339748	684661	2493	1997	4490
2008-09	386556	382183	773739	385527	386535	772062	1024	648	2222

Source: SSA Annual work plan 2011-12, East Godavari

The number of out of school children in 2001-02 is 25,827 and it is reduced to 2,222 in 2008-09 by efforts made by SSA. It can be considered as one of the great achievement in improving the enrollment and reducing the retention.

Table 3.5: Class Wise Enrollment from Class – I to VIII

Year	I	II	III	IV	V	VI	VII	VIII	Total
2001-02	105329	124432	116063	112619	110188	82062	72071	58120	780884
2002-03	93116	97833	102556	98923	97162	86150	70516	57349	703605
2003-04	74362	84829	85064	89945	84745	69248	76128	61206	625527
2004-05	73813	81092	85430	84548	90042	79800	77471	69425	641621
2005-06	75697	75157	76581	79316	81839	78085	73854	67889	608418
2006-07	97244	93108	85691	83160	86370	78677	75546	67407	667203
2007-08	94107	92822	88705	81733	81700	78216	74315	68625	660223
2008-09	90144	89256	88798	84093	80701	76129	72869	67435	649425

Source: SSA Annual work plan 2011-12, East Godavari

The table 3.5 shows the class wise enrollment scenario in the district. All classes (I to VIII) have shown a comparatively decreasing tendency in the enrollment. The gap between 2001-02 and 2008-09 enrollment is higher in primary schools than upper primary schools. Measuring the enrollment is important because it is a yard stick to understand the success of schools.

There is great heterogeneity among 'out of school' children. Out of school children could belong to remote school, less habitation areas, working children, street children, deprived children in urban slums, bonded child labourers, children of sex workers, girls belonging to the minority community, girls involved in domestic chores or sibling care, children who are engaged in cattle grazing etc. The heterogeneity demands diversified approaches and strategies for their education. For the purpose of planning the large number of out of school children can be categorized as (1) Non-enrolled, (2) Enrolled but do not attend (3) Enrolled but left school before completing schooling. [http://education.nic.in/ edu_guarantee_sch/ edu_guarantee_chap4.asp].

To achieve this goal, SSA is using strategies like Formal Schools, Education Guarantee Centers (EGC), Alternative Schools, Non Residential Bridge Courses (NRBC), Residential Bridge Courses (RBC), National Child Labour Project (NCLP), Madarasa, Boat School, Door Step School, etc. Enrollment and retention drives for bringing out of school in to the educational fold are being envisaged. The EGS & AIE scheme has three thrust area; (1) focus on providing school facilities to children living in small remote and access less habitations, (2) to mainstream those out of school children who are in habitations where schooling facilities are available and (3) to adopt strategies for those groups of out of school children who are specifically in difficult circumstances and mainstreaming them is not likely [www.education.nic.in]. Non Residential Courses are conducted at habitation level, and Residential Bridge Courses are short term camps for out of

school children in the age group of 9-14 years. The strategies followed in East Godavari are as follows.

All the children enrolled in EGS/AIE are mainstreamed. Children enrolled in NRBC have shown good improvement. The gap between enrolled and mainstreamed children in the year 2001-02 was 1757 and it was reduced to zero in the year 2008-09. The gap between enrolled and mainstreamed children in RBC was 324 in the year 201-02 and reached 1103 during 2005-06 and finally reached zero during 2007-09. The efforts carried out in Madarasa /Makhtabs is limited only few years in the available data. The 67 children enrolled during the year 2005-06 and none of them were mainstreamed, but 87 children were enrolled and mainstreamed during 2007-08.

Table 3.6: Coverage of Out of School Children Through Different Strategies

Year	No. of out of school children during the year	Direct Admissions in Regular Schools	EGS/ AIE		NRBC		RBC		Madarasas/ Makhtabs		Innovation		NCLP / Others		Total	
			Enrolled	Mainstreamed	Enrolled	Mainstreamed	Enrolled	Mainstreamed	Enrolled	Mainstreamed	Enrolled	Mainstreamed	Enrolled	Mainstreamed	Enrolled	Mainstreamed
2001-02	25827	11984	1750	1750	5314	3557	0	0	0	0	0	0	2000	1997	21048	19288
2002-03	14903	1480	1803	1803	3218	1303	1401	1077	0	0	750	656	2000	1530	10652	7849
2003-04	14287	2002	1928	1928	2124	1724	1278	936	0	0	857	752	2000	1742	10189	7084
2004-05	16916	4832	1928	1928	2311	1896	4778	3588	0	0	971	435	2000	1932	16820	14611
2005-06	21984	2349	2179	2179	1763	1554	5280	4177	67	0	1086	814	2000	1755	14725	12828
2006-07	14952	1608	2365	2365	1173	970	5871	5546	72	0	1251	975	2000	1832	14340	12464
2007-08	5951	2002	2393	3393	216	216	1071	1071	87	87	182	182	0	0	3949	3949
2008-09	4713	502	2707	2707	0	0	551	551	0	0	83	83	0	0	4713	3843

Source: SSA Annual work plan 2011-12

The highest number (548) of children non-enrolled is found in the year 2006-07 and lowest children (74) are in 2002-03. Enrollment through NCLP is negligible in number. As a whole it has shown a decreasing tendency. The present study exclusively focuses on children with special needs. SSA, in order to support them, has adopted zero rejection policy for not to leaving any child out of the school.

The SSA has also adopted the inclusive education approach which ensures that every child with special needs, irrespective of the kind, category and degree of disability, is proved meaningful and quality education by implementing specific and required interventions [SSA Annual Report: 2005-06]. Hence, the following table 3.7 shows the number of CWSN available in East Godavari district.

Table 3.7: Children With Special Needs during 2006-09

Year	No. of CWSN Identified	No. of CWSN enrolled in schools	No. of CWSN covered through EGS	No. of CWSN covered through HBE	No. of Resource teachers appointed	No. of Schools made barrier free	No. Children Provided Aids and Appliances
2006-07	11179	9583	0	522	29	578	1715
2007-08	11179	9582	0	558	31	0	857
2008-09	11279	10122	0	612	34	400	727

Source: SSA work plan 2008-09

The number of identified children in the consecutive years did not make any big difference. It was similar during 2006-07 and 2007-08, and a slight change of 100 increased in 2008-09. Around 80 percent to 90 percent of children are enrolled in schools, and around 5 percent are located in Home Based Education. The rate of appointing Resource Teachers is not increased much and providing barrier free buildings and providing aids and appliances is decreasing.

East Godavari district has little number of special educations schools and hostels along with inclusive education orientation. There are twelve institutes consistently receiving support from the government. They are located 6 schools in Kakinada, 3 schools in Amalapuram, one school each in Rajahmundry, Mandapeta and

Samalkot. There are four schools for Hearing Impaired, three schools for Mentally Retarded, three schools for Orthopaedically Impaired, and two schools for Visually Impaired children. Among them one school is managed by government, eight are un-aided schools and three aided schools.

Table 3.8: Enrollment in Special Schools in East Godavari during 2006-09

Sl. No	Mandal (2006-07)	Institute	Enrollment [2006-07]			Enrollment [2007-08]			Enrollment [2008-09]		
			Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	Kakinada [Unaided]	Voice Special School for the Deaf (HI)	60	30	90	55	30	85	60	33	93
2	Kakinada [Unaided]	Uma Manovikas Kendram (MR)	118	25	143	120	28	148	186	62	248
3	Kakinada [Govt.]	Govt. School for the Deaf (HI)	76	41	117	76	86	162	91	51	142
4	Kakinada [Aided]	Red Cross Residential Boys High School (OH)	44	0	44	46	0	46	55	0	55
5	Kakinada [Unaided]	Maharshi Sambamurty Residential (OH) Primary School	0	22	22	0	24	24	0	45	45
6	Kakinada [Unaided]	Maharshi Sambamurthy Residential (OH) High School	0	48	48	0	47	47	0	60	60
7	Amalapuram [Unaided]	Mother School for the Deaf (HI) Primary School	20	14	34	22	16	38	22	18	40
8	Amalapuram [Unaided]	Mother School for the Deaf (HI) High School	17	13	30	18	13	31	0	0	0
9	Amalapuram [Unaided]	Hari Manovikas Kendram (MR)	33	11	44	32	10	42	27	8	35
10	Rajahmundry [Unaided]	Zion UP School for Blind (VI)	31	25	56	28	26	54	31	33	64
11	Mandapeta [Aided]	Spl. AUP School for the Blind (VI)	24	16	40	22	17	39	24	16	40
12	Samalkot [Aided]	Sri Institute for the Mentally Handicapped (MH)	100	94	194	95	78	173	114	86	200

Source: Hand Books of Statistic, EG, 2006-09

The enrollment of the disability children in these schools is consistent and not much difference is found in all the years. The available schools are very less compared to the disability population of the district.

IV.   Profile of Mandals

The details of Alamuru, Mandapeta, Karapa and Pedapudi mandals are given below. The profile includes geographical, educational and enrollment information of the mandals.

A. Profile of Alamuru Mandal

Alamuru mandal geographically coordinates between 16° 47' 0" North, 81° 54' 0" East and spread in 78.40 sq.km of area. Alamuru is located 40.7 km far from its District Main City Kakinada. It is surrounded by Kapileswarapuram, Ravulapalem, Kadiyam, and Athreyapuram mandals. The village composition of the mandal are Chintaluru, Penikeru, Madiki, Navabpeta, Narsipudi, Choppella, Chemudulanka, Jonnada, Mulathanam, Kaluvacherala, Pinapalla, Pedapalla, and Sandhipudi panchayats [Mandal Records: 2009]. The total population of Alamuru Mandal is 71,472 where as male are 36,019 and female are 35,453. Total
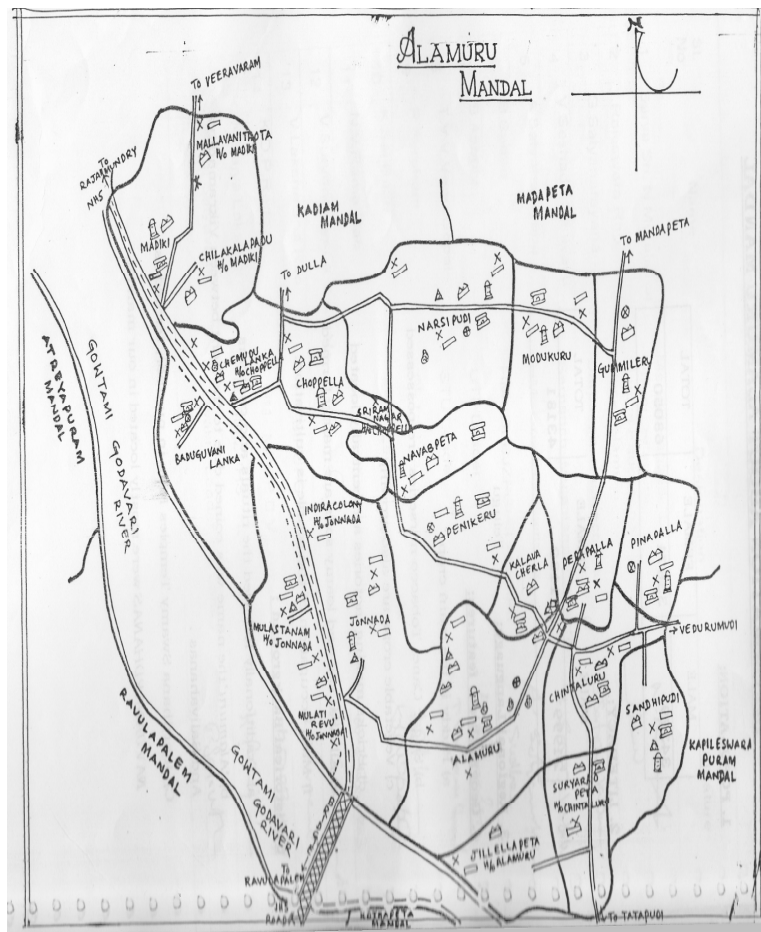
99

households in the mandal are 18,631 and occupied by 19,324 residential houses. Its density of the population is 912 sq.km and sex ratio is 984/1000 (female/male). Among the population, 70,633 are Hindus, 374 are Muslims, 440 are Christians, 12 Sikhs, and 13 persons did not mention their religion [Handbook: 2009].

The mandal is composed with 18 village panchayats and 15 Revenue villages. As a whole the mandal has 44 habitations [Census: 2001]. The Mandal, according to SSA, EG, is considered as the one of the best mandals in implementing inclusive education. The present study has selected three villages, on the basis of their CWSN population, have been selected. They are Alamuru, Sandhipudi and Chitaluru villages. Sandhipudi village is 2.2 k.m distance and Chintaluru is 1.1 km distance from its mandal town Alamuru [www.eastgodavari.in, accessed July 23, 2009].

The literacy rate in the mandal is 62.6 percent. The total number of literates in mandal is 39,222 where 20,618 are male literates and 18,604 are female literates. The number of literates from schedule caste category is 5,844 and from schedule tribes are 175. [Census India: 2001].

Enrollment in Alamuru Mandal

The following table 3.9 shows the enrollment scenario in Alamuru Mandal during 2006-09. It has shown school wise enrollment as well as gender wise enrollment.

Table 3.9: Educational Profile - Alamuru Mandal

Year	Primary Schools	Enrollment			UP Schools	Enrollment			High Schools	Enrollment			Junior college	Enrollment		
		B	G	T		B	G	T		B	G	T		B	G	T
2006-07	37	1731	1810	3541	11	1247	1276	2999	9	1597	1752	3349	2	149	139	288
2007-08	37	1671	1787	3548	12	1549	1407	2956	10	1483	1813	3296	1	159	146	305
2008-09	41	1290	1289	2579	7	318	419	737	9	1280	2058	3338	1	63	60	123

Source: SSA Annual Work Plan, 2009, East Godavari

The table showed the diminishing trend in all the levels of enrollment. During the study there were 2,579 students enrolled in Primary Schools, 737 students enrolled in High Schools, 3,338 enrolled in High Schools and 123 students enrolled in Junior Colleges. The size of the schools included 41 primary schools, 7 upper primary schools, 9 high schools, and one junior college in Alamuru Mandal during 2008-09. Apart from that 3,671 students enrolled in 76 Anganwadi centers and 21 Continuous Education Centers, 21 Sub-continuous Education Centers, and 16 TLE schools were also available. The Alamuru Mandal records (2009) show that there were no out of school children during the study and the number of children with special needs was 91 in the mandal. Among CWSN, 18 children are from Alamuru, 28 children are from Sandhipudi, and 10 children are from Chintaluru are selected for the study.

B. Profile of Mandapeta mandal

Mandapeta is located at 16.52"N 81.55" E and spread in 109.94 sq.km of area. Mandapeta is 34.5 km distance from its District Main City Kakinada. Mandapeta is surrounded by Alamuru, Ramachandrapuram, Anaparthy and Kadiyam mandals. The mandal consists of 14 revenue villages i.e., Kesavaram, Vemupalli, Dwarapudi, Z.Medapadu, Mernipadu,
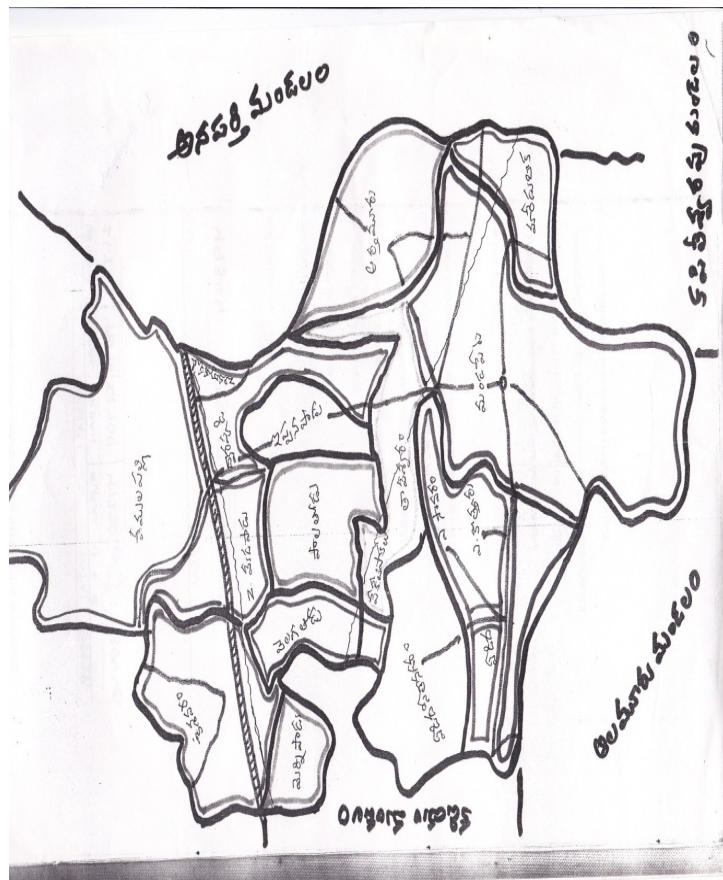
Velagathodu, Palathodu, Ippanapadu, Tapeswaram, Peketipakalu, Arthamuru, Y. Kothuru, Y. Savaram, Maredubaka, and Yeditha. The total population of the mandal is 1,26,590 where males are 63,586 and females are 62,734. The total population spread in 14 Gram Panchayats. It is only the mandal which has urban population in the selected sample. Nearly 1/3 of the population was from urban area and 2/3 of it from rural areas. The total households in the mandal are 31,476 and occupied by 33,928 household residents. The density of the population is 1127/ sq.km and sex ratio is 997/1000 (female/male). Among them 1,20,408 are Hindus, 1,975 are Muslims, 1,369 are Christians, 10 are Sikhs, 6 are Buddhists, and 99 persons did not mention their religion.

The Mandapeta mandal has 64.9 percent of literacy rate with 70,258 literates including 37,138 male literates and 33,120 female literates. Among them scheduled caste constitutes 56.84% with 7,584 literates and scheduled tribes constitute 38.10 percent with 264 literates.

Enrollment in Mandapeta Mandal

The following table shows the enrollment scenario in Mandapeta Mandal during 2006-09. It has shown school wise enrollment as well as gender wise enrollment.

Table 3.10: Mandapeta Mandal's Enrollment in schools

Year	Primary Schools	Enrollment			UP Schools	Enrollment			High Schools	Enrollment			Junior college	Enrollment		
		B	G	T		B	G	T		B	G	T		B	G	T
2006-07	48	2668	2628	5296	28	3734	3406	6723	19	2803	3209	6012	5	624	508	1132
2007-08	48	2873	2774	5647	28	3521	0	0	21	2979	3311	6290	5	654	538	1192
2007-08	59	806	863	1669	17	277	401	678	20	852	583	1435	1	101	83	184

Source: SSA Annual Work Plan, 2009

The rate of diminishing of enrollment in government schools is very high in this mandal. Almost one third of the enrollment is dropped in every level during the above mentioned period. At the time of research, there are 1,669 students enrolled in primary schools, 678 students enrolled in upper primary school, 1,435 students enrolled in High School, and 184 students enrolled in Junior College. According to Mandapeta Mandal Records (2009) 1,269 students were enrolled in 21 un-recognized schools. The available data conveys that Other Category (OC) of castes have high enrolment ratio and it is followed by BC, SC and ST categories. There were 96 Anganwadi Centres with 3,699 students enrolled [Handbook, EG: 2009].

Three villages have been selected from Mandapeta mandal for the study. There are Mandapeta, Dwarapudi and Kesavaram villages. Dwarapudi village is 7.3 km far from its Mandal main town Mandapeta and it has three MPP Schools, and six Z.P.H Schools and Kesavaram village is 8.6 km far from its Mandal Main Town Mandapeta. It has eight MPP Schools, five Z.P.H. Schools and nine private schools. The mandal has 135 special needs children mentioned according its mandal records (2009). The sample is distributed as 26 CWSN from Mandapeta, 29 CWSN from Dwarapudi, and 22 CWSN from Kesavaram villages were selected for the study.

C. Profile of Karapa Mandal

Karapa is located at 16.9000"N 82.1667 of" E. Total area is 104.02 sq.km. Karapa has 23 Gram Panchayats and 70 habitations. It is surrounded by Ramachandrapuram, Pedapudi, Kakinada, Tallarevu and Kajuluru mandals. It consists of Aratlakatta, Gorripudi, Kongodu, Kurada, Patharlagadda, Penuguduru, G. Bhavaram, Goddetipalem, Gurajanapalle, Karapa, Koripalle, Nadakuduru, Peda Kothuru, Peddapurappadu, Siripuram, Uppalanka, Vakada, Valasapakulu, Velangi, Vemulavada, Vijayarayudu Palem, Yandamuru, and Z. Bhavaram Panchayats.

Total population is 73,851 where as 37,263 are males and 36,588 are females. Among them 72,870 are Hindus, 254 are Muslims, 604 are Christians, 7 are Sikhs, one Buddhist, four jains, and 111 did not mention their religion.

The Karapa Mandal has 69.9 percent of literacy rate with 45,479 literates. Among them 21,322 are male literates and 18,461 are female literates. The scheduled castes have 66.11 percent literacy rate with 6,429 literate and schedule tribes have 50.54 percent of literacy with 140 literates. The total households are 18,902 and occupied by 20,183 residential houses. Density of the population is 710/ sq.km and sex ratio is 982/1000 (female/male). Karapa is located 10.2 km distance from its District Main City Kakinada. Karapa has 60 MPP Schools, 11 MPUP schools and 12 Z.P. High Schools [Handbook: 2009].

Enrollment scenario in Karapa Manadal

The following table shows the enrollment scenario in Karapa Mandal during 2006-09. It has shown school wise enrollment as well as gender wise enrollment. The rate of enrollment from 2006-07 to 2008-09 has shown improvement in Karapa mandal. All the levels including primary, upper primary and high school have shown the improvement except in Junior college. At the time of the present study, there 6,722 students enrolled in primary schools, 3,186 students enrolled in upper primary schools, 6,503 students are enrolled in high schools and 147 students

enrolled in junior college. There were 1,175 students enrolled in un-recognized schools. Around 4,505 students are enrolled in 83 Anganwadi Centres.

**Table 3.11: Karapa mandal's Enrollment in Government Schools**

Year	Primary Schools	Enrollment			UP Schools	Enrollment			High Schools	Enrollment			Junior college	Enrollment		
		B	G	T		B	G	T		B	G	T		B	G	T
2006-07	60	1608	1822	3430	13	1197	1156	2353	09	2177	2235	4417	2	106	79	185
2007-08	60	1628	1798	3426	12	925	959	1884	10	2097	2141	4238	2	116	87	203
2007-08	66	3282	3440	6722	7	1621	1565	3186	10	3135	3368	6503	1	63	84	147

Source: SSA work plan, 2009, East Godavari

Three villages have been selected for the study from Karapa mandal. They are Gorripudi, Penuguduru and Velangi villages. Village Gorripudi is 3.3 km distance, Penuguduru is 2.2 km distance, and Velangi is 7.5 km distance from the mandal town Karapa. Gorripudi has three MPP schools, and one Z.P. High School; Penuguduru village has one MPP School and one MPUP School; and Velangi village has five MPP Schools, one Z.P. High School, 3 junior colleges and one degree college as its educational sources. According to Karapa Mandal Records (2009) there were 124 special needs children in the maldal. Among them 19 CWSN are from Gorripudi, 15 CWSN are from Penuguduru, and 10 CWSN are from Velangi villages are selected for the study.

D. Profile of Pedapudi Mandal

Peddapudi is located at 16.9667" N 82.1667" E and it is spread in the area of 106.62 sq.km. It is surrounded by Kakinada, Karapa, Biccavolu and Samalkota mandals. The pedapudi consists of 17 village panchayats. They are AP Trayam,
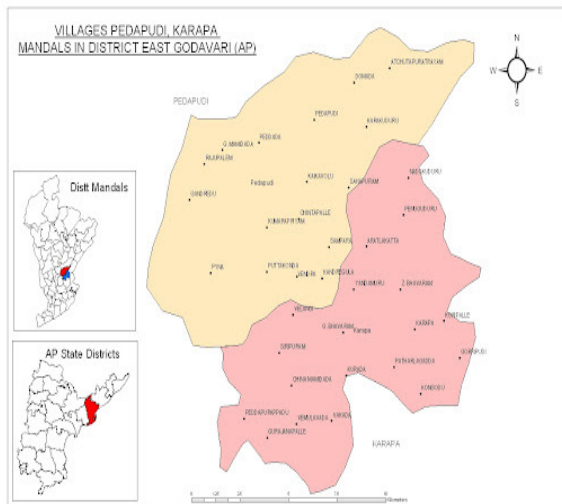
Karakuduru, Domada, Pedapudi, Kaikavolu, Kumarapriyam, Sehapuram, Kandregula, Sampara, Peddada, G. Mamidada, Chintapalli, Pyna, Rajupalem, Vendra, Puttakonda, and Gandredu. The total area of Pedapudi mandal is with 18,077 households and 20,183 household residents. The total population is 69,175 where as male are 34,888 and female are 34,287. Among them 67988 are Hindus, 503 are Muslims, 575 are Christians, 3 are Sikhs, and 106 did not mention their religion.

The mandal has 65.2 percent of literacy rate with 39,963 literates including 21,322 are male literates and 18,641 are female literates. Scheduled Castes literacy rate is 51.89 percent with 11,355 and Scheduled Tribes literacy rate is 40.42 percent with 97 literates [Census India: 2001]. The density of the mandal is 649/sq.km and sex ratio is 983 females/1000 males. Pedapudi is 7.8 km distance from its District Main City Kakinada.

Enrollment scenario in Pedapudi Mandal

The following table shows the enrollment scenario in Pedapudi Mandal during 2006-09. It has shown school wise enrollment as well as gender wise enrollment. The mandal has also shown great decline of enrollment of students at all levels. At the time of research, there were 4,165 students enrolled in primary school, 414 students enrolled in upper primary school, 4,058 students enrolled in High School and there was no junior college located in the mandal. Apart from this the mandal also has 12 private schools. The mandal also has one junior college.

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Table 3.12: Pedapudi Mandal's Enrollment in Schools

Year	Primary Schools	Enrollment			UP Schools	Enrollment			High Schools	Enrollment			Junior college	Enrollment		
		B	G	T		B	G	T		B	G	T		B	G	T
2006-07	45	2171	2080	4251	11	754	796	1550	16	2003	3298	5309	2	145	143	288
2007-08	47	1974	2083	4057	8	554	547	1107	18	1981	2045	4026	2	155	145	300
2007-08	51	2030	2135	4165	4	211	203	414	17	1982	2076	4058	--	-	-	-

Source: SSA work plan, 2009

Four villages have been selected from Pedapudi mandal for the study. They are Rameswaram, Pedapudi, Puttakonda, and Vendra villages. Rameswaram village has two MPP Schools, one ZPH School, and four private schools; Pedapudi village has five primary schools and five private schools; Puttakonda village, located 8.7 km distance from its mandal main town Pedapudi, has two MPP schools; and Vendra, located 12.1 km distance from its mandal main town Pedapudi, has two MPP Schools and one ZPH school along with two private schools. The total number of special needs children identified in the mandal are 56 in which 12 CWSN are from Rameswaram, 11 CWSN from Pedapudi, 7 CWSN from Puttakonda, and 6 CWSN are from Vendra selected for the study.

Summing up:-

An attempt has been made to understand the education scenario of East Godavari district along with four selected mandals. The East Godavari has rich history of education but it has many ups and downs in the process of educational development. The scope of education in the district is not limited to one area of education but expanded to formal and informal education, technical and non

technical education. The concern was also shown towards social, women and handicapped education. In all the mandals, Schedule Tribes achieved very less percentage of literacy. In the post colonial era, the sources also revealed that there is a steep decline in the enrollment of the children in government schools while the number of schools have increased. The available data related to Children with Special Needs is very low in relation to the population of the districts. A proper survey would have given much more authentic data.

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Chapter-IV

Profile and Perceptions of the Respondents

[*This chapter is an attempt to understand the socio-economic background, abilities, interests, and social mobility of the respondents in the selected mandals. It includes different categories of disabilities, age, caste, annual income of parents, skills and interests of Children With Special Needs (CWSN)]*

I. Social Background of Respondents

Understanding the social background of children with special needs (CWSN) is very important for the study. The special needs of the children are result of their disability. The studies (DFID 2000:11) reveal that one of the reasons for disability is poverty. Hence, the present study focuses on the social background of respondents and identifying the causes of disabilities in children and the consequences they face in the society. As discussed earlier, the study was conducted in four mandals – Alamuru, Mandapeta, Karapa and Pedapudi – in the East Godavari district of Andhra Pradesh. 90 respondents who were interviewed mostly persons with disabilities and some time their parents, who spoke on behalf of disabled children such mentally retarded. The following categories of disabilities are broadly claimed by the parents of respondents and Government of Andhra Pradesh. Their abilities in relation to their disabilities are discussed in detail in the later part of the chapter.

Table 4.1 shows the existing categories of disabilities in each mandal. The table shows five categories as identified by Sarva Shiksha Abhiyan. Among the 90 respondents interviewed in the four selected mandals, around 23.3 percent of the respondents are from Alamuru Mandal, 38 percent from Mandapeta mandal, 22 percent from Karapa mandal, and 17 percent from Pedapudi Mandal. It is noted that, out of the five major categories of disabilities, half of the respondents are affected with Mental Retardation (MR). MR category includes Cerebral Palsy (CP), Cerebral Palsy with Mental Retardation (CPMR), and Cerebral Palsy with Orthopedic Impairment (CPOI). The next highest percentage of respondents is found in the category of Hearing Impaired

(HI) followed by Orthopedically Impaired (OI) and Visually Impaired (VI) categories. This is the basis for identifying children with 'special needs' in the selected mandals.

Table 4.1: Mandal wise Respondents' Disability Categories

SL.	MANDAL	CATEGORY OF DISABILITY					TOTAL
		VI	HI	OI	MR	CL	
1	ALAMURU	2 (9.5)	0 (0)	4 (19.0)	15 (71.42)	0 (0)	21 (100)
2	MANDAPETA	4 (11.8)	12 (35.3)	4 (11.8)	12 (35.3)	2 (5.9)	34 (100)
3	KARAPA	2 (10.0)	7 (35.0)	3 (15.0)	8 (40.0)	0 (0)	20 (100)
4	PEDAPUDI	3 (20.00	1 (6.7)	1 (6.7)	10 (66.7)	0 (0)	15 (100)
	TOTAL	11 (12.2)	20 (22.2)	12 (13.3)	45 (50.0)	2 (2.2)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

VI - Visually Impaired, HI - Hearing Impaired, OI - Orthopedically Impaired, MR - Mentally Retarded, CL - Cleft lip

The Alamuru Mandal was selected on the basis of its best performance assessed as by district authorities and there was no Inclusive Education Resource Teacher [IERT] appointed at the time of research and previous IERT was shifted to another mandal because there was no need in the mandal. This mandal has three categories of disabilities i.e., Visually Impaired (VI), Orthopedically Impaired (OI), and Mentally Retarded (MR). Among them, the highest number of respondents is affected with Mental Retardation. The number is almost one-third of the total respondents in Alamuru mandal. The remaining one-fifth of the respondents affected with Orthopedical Impairment and one-tenth of the respondents with Visual Impairment. The Inclusive Education Resource Teacher (IERT), worked, in the previous years was a specialist in dealing mentally retarded children.

The Mandapeta mandal, which is adjacent to Alamuru, is selected on the basis of its performance ratings in practicing inclusive education methods and it was assessed by district authorities concerned i.e., SSA. The mandal was rated as average for its performance. The samples in this mandal consist of all the five major categories of disabilities, i.e., Visually Impairment, Hearing Impairment, Orthopedically Impairment, Mentally Retardation and Cleft Lip categories. Among them, the highest number of respondents is affected with Hearing Impairment and Mental Retardation

categories and the lowest number of respondents is found in Cleft Lip category. The Inclusive Education Resource Teacher (IERT) appointed for this mandal is primarily expert in dealing with Hearing Impairment.

The Karapa mandal is selected on the basis of its best performance ratings as assessed by the district authorities. This mandal has all the categories of disabilities except Cleft Lip category. Among the selected sample, the highest percentage of respondents is from Mental Retardation category and it was followed by Hearing Impairment category. The lowest sample is from Visual Impairment category. The Inclusive Education Resource Teacher appointed in this mandal is primarily an expert in dealing with Visual Impairment.

Finally, the Pedapudi mandal is selected on the basis of its low performance ratings in practicing inclusive education. The assessment was made by the district authorities. This mandal, which had the lowest percentage of samples, has all the five categories of disabilities except Cleft Lip category. Among them, the highest number of respondents is from Mentally Retardation category and an equal number of respondents are from the Hearing Impairment and the Orthopedically Impairment categories. The IERT appointed in this mandal is primarily an expert in dealing with Hearing Impairment.

Among the selected sample, half of the respondents are affected with Mental Retardation followed by Hearing Impairment, Visual Impairment, Orthopedical Impairment and Cleft Lip. The Alamuru Mandal has the highest number of respondents affected with Mental Retardation, but nobody is affected with Hearing Impairment. The Mandapeta mandal has the highest number of respondents affected with Hearing Impairment and Mental Retardation and lowest number affected with Cleft Lip. The Karapa mandal has the highest percentage of respondents from Mental Retardation category and lowest in Visual Impairment category. Finally, the Pedapudi mandal has the highest number of respondents from Mental Retardation category and lowest percent in the Visually Impaired and Orthopedical Impairment categories. One of the reasons for the highest percentage of respondents identified with Mental Retardation in Alamuru and Hearing Impairment in Mandapeta is the impact of

Inclusive Education Resource Teacher's specialization in the respective mandals. The Inclusive Education Resource Teacher has freedom to choose highest number of children from their own specialization under Home Based Education. Accordingly, Inclusive Education Resource Teacher (previous) from Alamuru is specialized in dealing with Mental Retardation category and Mandapeta is specialized in dealing with Hearing Impairment category children.

Table 4.2: Village-wise disability categories of Respondents

Village	Disability Categories					TOTAL
	VI	HI	OI	MR	CL	
ALAMURU	0 (0)	0 (0)	4 (44.4)	5 (55.5)	0 (0)	9 (100)
CHINTALURU	0 (0)	0 (0)	0 (0)	3 (100)	0 (0)	3 (100)
SANDHIPUDI	2 (22.2)	0 (0)	0 (0)	7 (77.7)	0 (0)	9 (100)
MANDAPETA	0 (0)	6 (50.0)	0 (0)	5 (41.7)	1 (8.3)	12 (100)
DWARAPUDI	2 (14.3)	6 (42.9)	2 (14.3)	4 (28.6)	0 (0)	14 (100)
KESAVARAM	2 (18.2)	0 (0)	3 (27.3)	5 (45.5)	1 (9.1)	11 (100)
VELANGI	0 (0)	3 (75.0)	0 (0)	1 (25.0)	0 (0)	4 (100)
PENUGUDURU	0 (0)	2 (25.0)	3 (37.5)	3 (37.5)	0 (0)	8 (100)
GORRIPUDI	2 (25.0)	2 (25.0)	0 (0)	4 (50.0)	0 (0)	8 (100)
PEDAPUDI	0 (0)	1 (33.3)	0 (0)	2 (66.7)	0 (0)	3 (100)
RAMESWARARAM	0 (0)	0 (0)	0 (0)	5 (100)	0 (0)	5 (500)
PUTTAKONDA	2 (100)	0 (0)	0 (0)	0 (0)	0 (0)	2 (100)
VENDRA	1 (50.0)	0 (0)	0 (0)	1 (50.0)	0 (0)	2 (100)
TOTAL	11 (12.2)	20 (22.2)	12 (13.3)	45 (50.0)	2 (2.2)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.2 is an attempt to know the available disability categories in the selected villages. The table shows five different disability categories in 13 villages of East Godavari district. Out of the 13 villages, the highest number of respondents is found in Dwarapudi village, followed by Mandapeta and Kesavaram. It is observed from the study that one-third of villages have the highest number of respondents in Mental Retardation category and other villages have Hearing Impaired category respondents. Approximately 2.1 percent of Cleft Lip category respondents are found in Mandapeta mandal only.

It is also observed that some of the villages were not surveyed by Inclusive Education Resource Teachers. The Inclusive Education Resource Teachers are supposed to conduct a survey in the mandal to identify Children With Special Needs (CWSN) in

every summer. This survey, every year, would give detailed data of children with special needs in the mandal. The data from non-surveyed villages was collected from their Panchayat offices. Another observation from the villages is that the Inclusive Education Resource Teachers survey was concentrated mostly in and around villages of the mandal head quarters for the convenience of their travel. The Inclusive Education Resource Teachers do have a choice, also, in selecting villages. The probabilities for highest number of Mentally Retarded cases are poverty, illiteracy, improper pre-natal care by the parent and relationship problems between parents during pregnancy. The Cleft Lip category is considered as different category in the study, which was considered as a part of Mental Retardation by the District Educational Authority of East Godavari, but researcher marked it as a different category for the purpose of research.

Among the five categories, 50 percent of the respondents are affected with Mental Retardation followed by Hearing Impairment and Orthopedical Impairment categories. One of the reasons behind Hearing Impairment is parents' unawareness in identifying the problem in the early days. They believe that the children will speak at a later stage and so waited for the children to start speaking. However, when the children did not speak, parents consider them to be deaf at a later period. Mostly, parents are not aware of sending the children for speech therapy and teaching them sign language. In fact, parents are unaware of the government services available for such cases. The reason behind Orthopedical Impairment is either polio or cerebral palsy and for Visual Impairment is malnutrition in the family. Hence, poverty and ignorance are the major causes of disabilities in the selected mandals.

Table 4.3 is an attempt to understand the relation between age and disability. The table shows three different age groups and five categories of disabilities. Among them approximately 3/4th of the respondents belong to the age group 11-15, 1/3rd of the respondents belong to age group 5-10 and only 2.11 percent of the respondents are from age group 16-20. The highest number of respondents is found in the age group 11-15, because it is the stage when parents clearly identify the difficulties in their children.

Table: 4.3 – Age of Respondents

Age	VI	HI	OI	MR	CL	TOTAL
5-10	3 (11.1)	4 (14.8)	2 (7.4)	19 (70.4)	0 (0)	27 (100)
11-15	8 (13.1)	15 (24.6)	10 (16.4)	26 (42.6)	2 (3.3)	61 (100)
16-20	0 (0)	1 (50.0)	0 (0)	1 (50.0)	0 (0)	2 (100)
TOTAL	11 (12.2)	20 (22.2)	12 (13.3)	45 (50.0)	2 (2.2)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses are percentages to the totals

At this age, every parent accepts the different needs of their children and start looking for alternatives.

Table 4.4 depicts the cross tabulation between caste and disabilities in all the selected mandals. The table shows five categories of disabilities and four categories of caste. The disability categories include Visually Impaired (VI), Hearing Impaired (HI), Orthopedically Impaired (OI), Mentally Retarded (MR), and Cleft Lip; and caste categories include Scheduled Tribe (ST), Scheduled Caste (SC), Backward Class (BC), and Other Castes (OC). This is an attempt to understand the existing disabilities in each caste.

Table 4.4: Caste background of Respondents

Caste	Disability Categories					
	VI	HI	OI	MR	CL	TOTAL
ST	0 (0)	1 (33.3)	0 (0)	2 (66.6)	0 (0)	3 (100)
SC	4 (23.52)	3 (17.6)	3 (17.6)	6 (35.3)	1 (5.9)	17 (100)
BC	6 (16.7)	10 (27.8)	4 (11.1)	15 (41.7)	1 (2.8)	36 (100)
OC	1 (2.9)	6 (17.6)	5 (14.7)	22 (64.7)	0(0)	34 (100)
Total	11 (12.2)	20 (22.2)	12 (13.3)	45 (50.0)	2 (2.2)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

The table shows that the highest percentage of respondents is from the BC category immediately followed by the OC category. The BC and OC respondents comprise 2/3rd of the total sample. Remaining one-third is comprised by SC (18.9 percent) and ST (3.3 percent) category respondents. The number of SC category respondents found in the mandal records are very less when compared to the proportion of the population in every mandal. This may be understood as discriminative tendency by not

conducting survey in these areas. One of the IERTs said that SC and ST areas were not surveyed because the area was dirty and populated with pigs. This might be one of reasons for having less number of respondents from the ST category.

The severity of mental retardation is highest in OC category, followed by BC and SC communities. The highest occurrence of hearing impairment is found in BC category followed by OC and SC communities. The highest percentage of visual impairment respondents is found in BC category followed by SC category. The present study implies that the financial conditions of these families from forward communities are not different from marginalised communities. Thus, poverty is a major cause for disabilities. Apart from this, problems between wife and husband, which is more prevalent in forward communities than in other communities, is also a major cause for Mental Retardation in children.

II. Mandal wise Profile of the Respondents

It is an attempt to understand the respondent's caste and disability in each mandal. Each table given below represents one mandal, caste and disability distributions among the sample in that mandal. This is to check the role of caste in affecting disability in society. Caste represents the socio-economic-cultural status in India.

Table 4.5: Caste-wise Disability in Alamuru Mandal

Caste Category	Disability Category			Total
	VI	OI	MR	
ST	0 (0)	0 (0)	2 (100)	2 (100)
SC	1 (33.3)	1 (33.3)	1 (33.3)	3 (100)
BC	0 (0)	1 (14.3)	6 (85.7)	7 (100)
OC	1 (11.1)	2 (22.2)	6 (66.7)	9 (100)
Total	2 (9.5)	4 (19.0)	15 (71.4)	21 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.5 shows the composition of caste and disabilities in the sample selected from Alamuru Mandal. The total sample is 21, which constitutes around 23.3 percent of the total sample of the study. The mandal consists of approximately 3/4th of respondents

from MR category. The other 1/4th respondents are from OI category and VI category. The reasons for highest category of MR respondents are relationship problems among family members and IERT being specialised in dealing with MR children would have concentrated in selecting such children. The selected sample in the mandal contains only three categories of disabilities and does not include HI and CL respondents.

Considering the caste backgrounds, the respondents from OC category are nearly half of the selected sample. The remaining sample includes 33.3 percent of BC category respondents, 14.3 percent of SC category respondents and 9.5 percent of ST category respondents. The sample in Alamuru mandal includes nine castes. If we consider the castes of the respondents, out of 42.8 percent of OC respondents, approximately 38 percent respondents are from 'Kapu' caste. Among the caste 'Kapu' respondents, 37.5 percent are from Cerebral palsy with Orthopedically Handicapped (CPOH), 25 percent are from Cerebral Palsy with Mental Retardation (CPMR), and 12.5 percent each from VI, OI, and CP categories. The caste 'Vaishya' is having one respondent from OI category. The SC category includes one respondent with Visual Impairment in caste 'Mala' and a respondent with Mental Retardation. In the same category, there is one respondent with Orthopedically Impairment in caste 'Paki'. The BC category includes one respondent with mental retardation and two respondents with Cerebral Palsy with Mental Retardation belong to 'Settibalija' caste, one respondent with orthopedically impairment belonged to 'Agnikula Kshatriya' caste, one respondent each with mental retardation and cerebral palsy with orthopedically impairment are in the caste 'Chakali'. Scheduled Tribes category includes two respondents with mental retardation in the caste 'Erukula'. The study shows that there is high incidence of disabilities in children of the 'Kapu' community because of their high population and poverty.

Table 4.6 shows the composition of caste and children with special needs from Mandapeta mandal. It is observed that almost half of the respondents are from BC category, and the remaining sample consists of 32.3 percent of SC, 20.5 percent of OC and 2.9 percent of ST respondents. The representation seems to be proportional to the population in the mandal. The Hearing Impairment category respondents occupy the

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highest occurrence in the whole sample in this mandal and they are from the BC category. The highest number respondents with visual impairment are also in BC category and the highest prevalence of mental retardation is from SC category. There is only one hearing impaired respondent found in ST category in the mandal. Children with cleft lip are found in SC and BC categories.

Table 4.6: Caste-wise Disability in Mandapeta Mandal

Caste Category	Disability Category					Total
	Visually Impaired	Hearing Impaired	Orthopaedically Impaired	Mental Retardation	Cleft Lip	
ST	0 (0)	1 (100)	0 (0)	0 (0)	0 (0)	1 (100)
SC	1 (9.0)	2 (18.2)	2 (18.2)	5 (45.4)	1 (9.1)	11 (100)
BC	3 (20.0)	7 (46.7)	0 (0)	4 (26.7)	1 (6.7)	15 (100)
OC	0	2 (28.5)	2 (28.5)	3 (42.9)	0 (0)	7 (100)
Total	4 (11.74)	12 (35.3)	4 (11.8)	12 (35.2)	2 (5.9)	34 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

The four major caste categories include 13 castes of the mandal affected with different disabilities. They are, one respondent with hearing impairment is from 'Erukula', one respondent each in hearing impairment, orthopedically impairment, and mental retardation are from the 'Mala' caste, four respondents with mental retardation, one respondent each with visual impairment, hearing impairment, orthopedically impairment, and Cleft Lip are from the 'Madiga' caste, one respondent each with visual impairment, hearing impairment, and mental retardation are from 'Settibalija' caste, one respondent with hearing impairment is from the 'Suryabalija' caste, three respondents with hearing impairment from the 'Agnikula Kshatriya' caste, one respondent with mental retardation is from the 'Senapathulu' caste, one respondent with mental retardation is from 'Muslims', one respondent each in hearing impairment and mental retardation are from the 'Yadava' caste, one respondent with visual impairment is from the 'Gold Smith' caste, one respondent each with visual impairment and hearing impairment are from the 'Gavara' caste, one respondent with Cleft Lip is from the 'Perike' caste, two respondents each with hearing impairment, and orthopedically impairment, and three respondents with mental retardation are from the 'Kapu' caste. The highest percentage of disabilities is found in the Madiga

caste (SC), followed by the Kapu (OC) caste. The highest number is SC because of the poor socio-economic background of the families. It is found that nearly 98 percent of the respondents in the mandal are affected by disabilities since their birth, and around 2 percent of the respondents become disabled due to accidents. Among them, one of the respondent's mothers still believes that her son did not have any problem and she was surprised by the visit of the researcher. She was not aware of her son's disability and the disability in the boy was observed by school authorities but did not inform his mother.

Table 4.7: Caste-wise Disability in Karapa Mandal

Caste Category	Disability Category				Total
	VI	HI	OI	MR	
SC	2 (66.6)	1 (33.3)	0	0	3 (100)
BC	0	2 (25.0)	2 (25.0)	4 (50.0)	8 (100)
OC	0	4 (44.4)	1 (11.1)	4 (44.4)	9 (100)
Total	2 (10.0)	7 (35.0)	3 (15.0)	8 (40.0)	20 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.7 shows the composition of caste and special needs in Karapa Mandal. The table shows three caste categories i.e, Scheduled Caste (SC), Scheduled Tribe (ST) and Other Castes (OC) and four categories of disabilities i.e., VI, HI, OI and MR. The highest of number of respondents are found in OC category and lowest are found in SC category.

The sample in Karapa mandal is a combination of six castes and four disability categories. The respondents from OC category includes, four respondents from hearing impairment, one respondent each from orthopedically impairment, mental retardation, and three respondent with cerebral palsy with mental retardation. All of them belonged to the Kapu caste. The respondents from BC includes two hearing impaired respondents, one respondent each in orthopedically impairment, mentally retardation and one cerebral palsy respondent are from the 'Settibathula' caste, one mentally retarded respondent is from Yadava caste, one orthopedically impaired respondent is from the 'Mangali' caste, and one respondent from cerebral palsy is

from the 'Kaikalabathula' caste. The respondents under SC category are two visually impaired respondents, and one respondent each with hearing impairment in 'Madiga' and 'Mala' castes. The Kapus, which is the dominant community in the mandal, has the highest number of children with disabilities in the mandal because of their population and poverty.

Table 4.8: Caste-wise Disability in Pedapudi Mandal

Category	Disability Category				Total
	VI	HI	OI	MR	
BC	3 (50)	1 (16.7)	1 (16.7)	1 (16.7)	6 (100)
OC	0 (0)	0 (0)	0 (0)	9 (100.0)	9 (100)
Total	3 (20.0)	1 (6.7)	1 (6.7)	10 (66.7)	15 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.8 shows the caste wise disability in Pedapudi mandal. Among BC category, three respondents with visual impairments are from the Settibalija caste, one respondent with hearing impairment is from the Senapathulu caste, and one respondent each with orthopedically impairment and mental retardation are from the Yadava caste. In the OC category, one respondent with mental retardation is from the 'Kamma' caste and rest of them from the Kapu caste. The highest number of respondents is found in the Kapu caste. The mandal has highest respondents with mental retardation which constitutes around 67 percent in the sample selected from the mandal but the mandal IERT says that a high number of children are affected with visual impairment. The non availability of SC and ST categories would be due to the non survey of these locations. The mandal IERT had left the job in the middle of year and could not be contacted.

The sample in four mandals includes existence of 18 castes from all the categories. Among them Kapus are present in all the mandals and dominant in Alamuru, Karapa and Pedapudi mandals except Mandapeta mandal. The mandapeta sample is numerically dominated by Madigas followed by Kapus. The study reveals that the surveying the persons with disabilities would have influenced by the caste of the IERT. Because, the IERTs appointed in Alamuru, Karapa and Pedapudi belong to

'other category' of caste and the IERT appointed in Mandapeta belonged to scheduled caste. The Alamuru, Karapa and Pedapudi mandals have highest sample from 'other categories' and the Mandapeta mandal has highest sample from scheduled and backward castes. In addition to it, the Mandapeta mandal has the highest number of castes among the whole sample including number of backwards class and scheduled castes. The Karapa Mandal does not have any respondent from ST respondent and Pedapudi Mandal does not have any respondent from SC and ST categories shows the gaps in the survey. The samples in the four mandals reveals that Mental Retardation as the dominant disability and followed by Hearing Impairment reveals that the care taken pre and post natal period is not adequate to the child.

4.3 Parental Annual Income of the Respondents

It is an attempt to understand the impact of the parental annual income of the respondents on their disability. A separate analysis is made for each mandal and cross tabulation is prepared for income groups and disability. The income in each mandal ranges between Rs.15,000 – 50,000 and includes all the five categories of disabilities.

Table 4.9: Income-wise Disability in Alamuru Mandal

Annual Income	Category			Total
	VI	OI	MR	
10,000-15,000	0 (0)	2 (15.4)	11 (84.6)	13 (100)
15,001-20,000	1 (50.0)	1 (50.0)	0 (0)	2 (100)
20,001-25,000	0 (0)	0 (0)	2 (100.0)	2 (100)
25,001-30,000	1 (50.0)	1 (50.0)	0 (0)	2 (100)
40,001-45,000	0 (0)	0 (0)	1 (100.0)	1 (100)
45,001-50,000	0 (0)	0 (0)	1 (100.0)	1 (100)
Total	2 (9.5)	4 (19.0)	15 (71.4)	21 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.9 shows six income groups and three disability categories in Alamuru mandal. Among 21 respondents selected from the mandal, more than half of the families' annual income falls between Rs.10,000 and Rs.15,000. Apart from that, 4.7 percent of the respondents families falls between Rs.40,001-45,000 and Rs.45,001-50,000. The

remaining income groups consist of 9.5 percent of the families. The mandal has a high incidence of MR, which constitutes 72 percent of the total share. Among the MR category, 82 percent of them earn less than Rs.15,000 yearly. It is understood from the study that highest number of children with disabilities is from low income groups and affected with mental health. Poverty has become the primary cause for their disability. Though, the MR category respondents are found in higher income groups also, the number was minimal when compared to those in low income groups. The study says that more than half of the respondents in the sample are from poor families.

Table 4.10: Income wise Disability in Mandapeta Mandal

Annual Income	Category					Total
	VI	HI	OI	MR	Cleft lip	
10,000-15,000	3 (15.8)	6 (31.6)	2 (10.5)	7 (36.8)	1 (5.3)	19 (100)
15,001-20,000	1 (20.0)	1 (20.0)	1 (20.0)	2 (0.0)	0 (0)	5 (100)
20,001-25,000	0 (0)	2 (66.7)	0 (0)	1 (0)	0 (0)	3 (100)
25,001-30,000	0 (0)	2 (50.0)	0 (0)	2 (0)	0 (0)	4 (100)
55,001-60,000	0 (0)	0 (0)	0 (0)	0 (0)	1 (100.0)	1 (100)
Dependent	0 (0)	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)	2 (100)
Total	4 (11.8)	12 (35.3)	4 (11.8)	12 (35.3)	2 (5.9)	34 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.10 shows six income groups and five disability categories in Mandapeta mandal. The income of the respondents' family range from Rs.10,000 to Rs. 60,000. It is also important to note that some parents did not have an income and they are dependent on the siblings of the respondents. Out of 34 respondents selected from the mandal, more than half of the respondents families fall in the income group of Rs.10,000 -15,000. The lowest percentage (2.9%) of respondents belonged to the income group Rs.55,001- Rs. 60,000.

The highest percent of respondents is identified in the MR and HI categories. Around 5.9 percent of the parents cannot work and are dependent on their children. The table shows that disability and family income have inverse relationship. The low income

groups have high prevalence disability and high income groups have low prevalence of disability. Hence, disability is a consequence of poverty.

Table 4.11: Income-wise Disability in Karapa Mandal

Annual Income	Category				Total
	VI	HI	OI	MR	
10,000-15,000	1 (11.1)	4 (44.4)	1 (11.1)	3 (33.3)	9 (100)
15,001-20,000	0 (0)	1 (33.3)	1 (33.3)	1 (33.3)	3 (100)
20,001-25,000	0 (0)	1 (33.3)	0 (0)	2 (66.6)	3 (100)
35,001-40,000	0 (0)	0 (0)	0 (0)	1 (100.0)	1 (100)
40,001-45,000	0 (0)	0 (0)	0 (0)	1 (0)	1 (100)
55,001-60,000	1 (50.0)	1 (50.0)	0 (0)	0 (0)	2 (100)
Dependent	0 (0)	0 (0)	1 (100.0)	0 (0)	1 (100)
Total	2 (10.0)	7 (35.0)	3 (15.0)	8 (40.0)	20 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.11 shows the seven income groups and four disability categories in Karapa mandal. The total sample selected from Karapa mandal is 20. Out of them, nearly half of the respondents are from Rs.10,000 – Rs.15,000 income group. Lowest percentage of respondents are found in   Rs.35,001–Rs.40,000 and Rs.40,00-Rs.45,000 income groups.

The mandal also has five percent of parents who cannot work and are dependent on their children. The highest number of respondents are found in Hearing Impaired Category from Rs.10,000–Rs.15,000 income group. This group also represents 5/6th share in the sample. The low income group in mandal has all categories of disability where as other income groups have only few categories. The highest percentages of respondents are found from low income group and it has a decreasing tendency when the income increases.

Table 4.12 is an attempt to understand the relationship between annual income and disability categories in Pedapudi Mandal. The maximum annual income earned in this mandal is Rs.30,000. It is 50 percent less than other mandals. Among the 15 respondents in the mandal, approximately 3/4th of the respondents are found in the income group of Rs.10,000-15,000. This group consist the highest percentage of mentally retarded respondents which is half of the total sample in the mandal. The

other income groups have a very less percentage of respondents in the sample. It is observed from the study that the high prevalence of poverty and mental retardedness is present in Pedapudi mandal.

Table 4.12: Income wise Disability in Pedapudi Mandal

Income	Disability Category				
Annual Income	VI	HI	OI	MR	Total
10,000-15,000	2 (18.2)	0 0.0	1 (9.1)	8 (72.7)	11 (100)
15,001-20,000	0 0.0	1 (50.0)	0 0.0	1(5 0.0)	2 (100)
20,001-25,000	1 (100.0)	0 0.0	0 0.0	0 0.0	1 (100)
25,001-30,000	0 0.0	0 0.0	0 0.0	1 (100.0)	1 (100)
Total	3 (20.0)	1 (6.7)	1 (6.7)	10 (66.6)	15 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Out of the 90 selected respondents in four selected mandals of East Godavari district, approximately 57.8 percent of the respondents are from Rs.10,000-15,000 income group. Remaining 1/10th of the respondents are from Rs.15,001-20,000 income group, and very less percentage respondents are found in other income groups. Another category of parents found in the sample are dependent parents. They constituted around 3.3 percent of total respondents given in the sample. They cannot work and they are dependent on siblings of respondents with disabilities.

The income of the respondents reveals that approximately 70 percent of the respondents' income in study area is below Rs.20,000/- p.a. As a result, these families cannot expand their expenditure to the needs of children with special needs. The lower income and poverty influenced each research indicator differently. To explain, lower income has stronger effects on cognitive and test scores of verbal ability than it has on indices of emotional health in the childhood years. It also impacts emotional outcomes, which can be observed in both externalizing behaviours (aggression, fighting, and acting out), and internalizing behaviours (anxiety, social withdrawal, and depression) [Gunn, *et.al*:1997]. Internalizing behaviour due to poverty is observed as one of the important hurdles in the process of persons with disabilities expanding their life to the next level.

III. Profile of Parents of Children With Special Needs

An attempt is made to understand educational qualifications, caste, occupation and type of marriage of parents of children with special needs. Each of the mentioned variables would have an impact on caring, medication, and educating a child with special needs. The impact would be high in the case of mother's education and father' occupation in supporting a special needs child. The caste is examined to understand its impact on occupation. It is to see whether they are continuing the caste-based profession or shifted to other professions. The marriage is examined to understand its impact on disability of the child. The studies say that cross cousin marriages will have a probability of causing disability from birth. Information about such marriages is either not understood or it is neglected by parents.

Table: 4.13 Educational Qualifications of Parents

	Father's Education		Mother's Education	
Education Status	Frequency	Percent	Frequency	Percent
Primary Education	16	17.8	20	22.2
Upper Primary Education	5	5.6	5	5.6
High School Education	4	4.4	5	5.6
Intermediate	1	1.1	2	2.2
Graduation	0	0.0	1	1.1
Illiterate	56	62.2	56	62.2
Expired	8	8.9	1	1.1
Total	90	100.0	90	100

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.13 shows the educational qualifications of the parents of respondents. The table represents from primary education to graduation. The table shows that majority of parents, both father and mother, are illiterate. They constitute more than half of the sample. Around 1/5th of the parents have got primary education and 4.4 percent of have got high school education including upper primary schooling. As a result, they depend on visual or oral media to get awareness on policies and benefits of the government.

Parents who have got primary education only know how to sign. The number of parents who could write and read is very less. Among parents who have received intermediate education, only 1.1 percent was fathers and 2.2 percent were mothers. Only one mother had completed graduation. Lastly, one mother of respondent had expired and her education profile was not known.

Table 4.14: Caste and Educational Profile of the Respondents' Fathers

Caste Category	Father's Education						Total
	PE	UPE	HE	INT	ILLT	Exp	
ST	0 (0)	0 (0)	0 (0)	0 (0)	3 (5.40)	0 (0)	3 (3.3)
SC	0 (0)	0 (0)	2 (50.0)	1 (100.0)	10 (17.9)	4 (50.0)	17 (18.9)
BC	7 (43.8)	3 (60.0)	0 (0)	0 (0)	22 (39.3)	4 (50.0)	36 (40.0)
OC	9 (56.3)	2 (40.0)	2 (50.0)	0 (0)	21 (37.5)	0 (0)	34 (37.8)
Total	16 (100.0)	5 (100.0)	4 (100.0)	1 (100.0)	56 (100.0)	8 (100.0)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

PE = Primary Education, UPE = Upper Primary Education, HE = High School Education, INT = Intermediate, ILLT = Illiterate, Exp= Expired

Table: 4.14 is an attempt to understand caste wise educational qualifications of fathers of respondents. The table shows four classifications of education. They are Primary Education, Upper Primary Education, High School Education, and Intermediate. Along with another two categories are illiterate and expired. The study says that the highest qualification among fathers is intermediate and this qualification has come from SC category.

A large number of fathers are illiterate and they constitute more than half of the total sample. Among educated fathers, 17 percent of them have got primary education, 5.5 percent of them got upper primary education and 4.4 percent have got high school education. The highest educated father is found in SC category, along with high school completed fathers. The fathers from SC category had primary and upper primary education; Fathers from BC category have studied primary and upper primary classes; and fathers from OC category have studied primary to high school levels. All the fathers of respondents from in ST category are found illiterate. The study shows that these major problems of existence of illiteracy would have driven them away from understanding their own child's problems. Whereas all fathers studied up to

some level are dropouts at some point of time and could make big difference than illiterates. None of the respondents' father is employed in government/ non government sector.

Table 4.15: Caste and Educational Profile of the Mothers

| Caste | Mother's Education | | | | | | | Total |
	Primary Education	Upper Primary Education	Higher Education	Intermediate	Graduation	Illiterate	Expired	
ST	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (5.3)	0 (0)	3 (3.3)
SC	5 (25.0)	0 (0.0)	4 (80.0)	0 (0)	0 (0)	8 (14.3)	0 (0)	17 (18.9)
BC	5 (25.0)	3 (60.0)	1 (20.0)	1 (50.0)	1 (100.0)	24 (42.9)	1 (100.0)	36 (40.0)
OC	10 (50.0)	2 (40.0)	0 (0)	1 (50.0)	0 (0.0)	21 (37.5)	0 (0)	34 (37.8)
Total	20 (100)	5 (100)	5 (100)	2 (100)	1 (100)	56 (100)	1 (100)	90 100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.15 is an attempt to understand caste-wise educational qualifications of mothers of respondents. The highest qualified mother is found in BC category with Graduation. A high percentage of mothers are illiterate which is more than half of the total sample. Among the educated mothers, most of them have got only primary or high school education. The highest percentages of mothers have studied up to primary education and are found in OC and BC categories. The highest percentages of illiterate mothers are also found in BC category. As a whole more than half of the mother respondents are illiterate and 1/4th of the respondents have got education till intermediate. This gap has made a difference in understanding the CWSN, precautions and pro-active measures.

Table: 4.16 represent the occupational backgrounds of parents of respondents. The parents of the respondents are engaged with 17 kinds of occupations. The study shows that the highest percentages of fathers are engaged in agricultural labour and mothers are engaged in domestic labour. Out of 17 jobs, men did not take up jobs as domestic labour, cook and anganwadi teachers and women did not take up jobs as mason, shop keeper, watch repairer, driver, toddy tapper, and weaver. There might be a clear understanding of feminine jobs and masculine jobs. It is understood that three-fourth of the families are dependent on father's income. This is may be because of the

prevailing social system. Some communities do not want to send their women out of home to work.

Table 4.16: Occupational Backgrounds of the Parents

Sl.	Occupation	Father's Occupation		Mother's Occupation	
		Frequency	Percent	Frequency	Percent
1	Agricultural Labour	51	56.7	13	14.4
2	Daily wage labour	8	8.9	2	2.2
3	Private Job	5	5.6	1	1.1
4	Mason	2	2.2	0	0.0
5	Shop	1	1.1	0	0.0
6	Tailor	2	2.2	3	3.3
7	Fishing	4	4.4	1	1.1
8	Watch Repair	1	1.1	0	0.0
9	Driver	2	2.2	0	0.0
10	Dhobi	2	2.2	1	1.1
11	Toddy Topping	1	1.1	0	0.0
12	Weaving	1	1.1	0	0.0
13	Home Maker	0	0.0	62	68.9
14	Domestic Labour	0	0.0	4	4.4
15	MDM Cook	0	0.0	1	1.1
16	Anganwadi Teacher	0	0.0	1	1.1
17	Dependent	2	2.2	0	0.0
	Expired	8	8.9	1	1.1
	Total	90	100.0	90	100.0

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Surprisingly there is no difference in working and non working mothers in caring CWSN. It is also observed that 8.9 percent of fathers and 2.2 percent of mothers are engaged in traditional caste-based occupations such as fishing, washing clothes, toddy tapping, and weaving.

Table 4.17 represents the mandal-wise details on the type of marriage of parents. It is to understand whether they have got married within their family itself, as in among cousins, or if they have got married outside to their family. If parents are cousins, it may have a direct effect on the child. The selected samples show that outside marriages are higher than the cross cousin marriages. The study says that psychological factors, unawareness, negligence, poor medical analysis would have caused disability to children.

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Table 4.17: Mandal-wise Details on Type of Marriage of Parents

Mandal	Type of the Marriage		Total
	Cross cousin Marriage	Outside Marriage	
ALAMURU	7 (33.3)	14 (66.7)	21 (100)
MANDAPETA	10 (29.4)	24 (70.6)	34 (100)
KARAPA	10 (50.0)	10 (50.0)	20 (100)
PEDAPUDI	5 (33.3)	10 (66.7)	15 (100)
Total	32 (35.6)	58 (64.4)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

The high percentage of cross cousin marriages are found in Karapa Mandal and highest percentage of outside marriages are found in Mandapeta mandals.

4.4 Respondents' skills/abilities in dealing with their routine life

The present study deals with five categories of disabilities in children. Each disability restricts the child in a certain way. In some cases, children are affected with multiple disabilities. Hence, the children need some special support than the general support which every child is used to get. Their needs are special in nature. Hence, they are called special needs children or children with special needs. It is very important to note that special needs differ from child to child. Due to the multiple disabilities among children, their needs are also multiple in nature. The study has noted that the present inclusive education programs in the selected mandals have categorized children according to their disability but their needs are not classified accordingly. To fill this gap, the researcher has tried to identify the basic skills /abilities which a special needs child can /cannot perform along with their peer group. These skill /abilities are considered to be important in the learning process. This clear analysis of a child would help to create space for special needs children to have appropriate environment along with the necessary equipment. The primary areas identified to understand their skills /abilities in Vision, Listening, Speaking, Writing, Mobility, Bathing, Clothing, and Toilet. An attempt is made to know the intensity in each area. This attempt is a deep understanding of the researcher than the family claimed and government mentioned disabilities. The researcher had tried to give the real picture of the abilities of the children and their special needs.

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IV. Disability of Respondents:

The following data gives detailed information regarding abilities and disabilities of the persons with disabilities. Understanding their skills and abilities would pave the way for creating the special needs they require.

Table 4.18: Mandal-wise Respondents' Vision Ability

MANDAL	Vision			Total
	Full Vision	Partial Vision	No Vision	
ALAMURU	19 (21.1)	2 (2.2)	0 (0.0)	21 (23.3)
MANDAPETA	29 (32.2)	4 (4.4)	1 (1.1)	34 (37.8)
KARAPA	18 (20.0)	2 (2.2)	0 (0)	20 (22.2)
PEDAPUDI	12 (13.3)	3 (3.3)	0 (0)	15 (16.7)
TOTAL	78 (86.7)	11 (12.2)	1 (1.1)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.18 is an attempt to understand intensity of vision among respondents. The table shows three classifications of vision. They are Full Vision, Partial Vision and No Vision. The respondents with 'full vision' could see everything around. The respondents with 'partial vision' are with low vision. The intensity differs from person to person. Finally, a respondent with 'no vision' means they cannot see anything.

Among the total sample, more than $8/10^{th}$ of respondents have full vision, more than $1/10^{th}$ of respondents have partial vision and only 1.1 percent respondents do not have vision. The study reveals that most of the respondents have problems with vision. Vision is an easy task where everyone could easily identify. But identifying problem with single eye would take long time. There is no such category available in the sample.

Table 4.19 shows the listening abilities of the respondents in the selected mandals. The table shows the three classification of listening. They are Listen, Cannot Listen, Can listen to certain extent. The respondents in 'Listen' category could be able listen the communications from people around them. The respondents from 'Cannot Listen' category could not be able to listen anything. Finally respondents in 'Can listen to certain extent' category could respondent to few words and needed loud sounds.

Table 4.19: Mandal-wise Respondents' Listening Abilities

Mandal	Listen			Total
	Listen	Cannot listen	Can listen to certain extent	
ALAMURU	15 (16.7)	5 (5.6)	1 (1.1)	21 (23.3)
MANDAPETA	16 (17.8)	16 (17.8)	2 (2.2)	34 (37.8)
KARAPA	9 (10.0)	6 (6.7)	5 (5.6)	20 (22.2)
PEDAPUDI	11 (12.2)	4 (4.4)	0 (0)	15 (16.7)
TOTAL	51 (56.7)	31 (34.4)	8 (8.9)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

In the total sample shows that around 6/10th of respondents can listen, around 4/10th of respondents cannot listen and nearly 1/10th of the respondents can listen partially. The highest percentages of respondents who can listen are from Mandapeta and the lowest are from Karapa. The respondents who cannot listen are also highest in Mandapeta and lowest in Pedapudi. The partially 'speaking' respondents are highest in Karapa and lowest in Alamuru. Though the percentage of speaking respondents is greater than who cannot speak or partially speak when separated but it is evident that nearly half of the respondents needed support in listening. The original data from office records reports that there are only 22.2 percent of respondents with hearing impairment. Hearing impairment is the root cause for 'speech disabilities'.

The major drawback is ignorance of the parents to identify children's abilities and lack of knowledge about training centers. As a result, children are considered deaf and dumb and dealt only on sympathetic grounds. Some parents fail to recognize that their children can manage by seeing things rather than listening. That is why they say that their child can listen if the speaker is in front of them, but are unable to listen if the speaker is behind the child.

Table: 4.20 show three classifications of speech, speechless and partial speech. The respondents in 'speech' category are to show the children whose speech is good for communication. The respondents in 'speechless' category could not speak and finally respondents in 'partial speech' category are making attempt to speak but they could speak only few words. The intensity is differs from person to person. Out of 90 respondents, nearly half of the respondents cannot speak, 1/5th of respondents could

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speak only few words, and only 36.7 percent of the people could understand and speak the native language i.e., Telugu. As a whole, 63.3 percent of the respondents have speech disabilities. In the selected mandals, the percentage of respondents with speech disabilities is higher than in the other categories.

Table 4.20: Mandal-wise Respondents' Speaking Abilities

Mandal	Speech			Total
	Speech	Speechless	Partial	
ALAMURU	9 (10.0)	5 (5.6)	7 (7.8)	21 (23.3)
MANDAPETA	13 (14.4)	15 (16.7)	6 (6.7)	34 (37.8)
KARAPA	5 (5.6)	12 (13.3)	3 (3.3)	20 (22.2)
PEDAPUDI	6 (6.7)	7 (7.8)	2 (2.2)	15 (16.7)
TOTAL	33 (36.7)	39 (43.3)	18 (20.0)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Parents are unaware of recognizing speaking disabilities in their children. They still believe in superstitions. They believed that their children will start speaking as they grew up. It is commonly believed that age solves many problems. But, when the child do not speak after a certain age, the child was considered dumb. In most cases, parents do not know that early identification of such problems can be rectified through speech therapy and sign language. Parents are also unaware of facilities provided by the government for the development of such children.

Table 4.21: Mandal-wise Respondent's Writing Abilities

Mandal	Writing abilities					Total
	Write	Cannot write	Write only name	Write few words	Learnt Braille	
ALAMURU	6 (6.7)	14 (15.6)	0 (0.0)	1 (1.1)	0 (0.0)	21 (23.3)
MANDAPETA	10 (11.1)	16 (17.8)	0 (0.0)	7 (7.8)	1 (1.1)	34 (37.8)
KARAPA	4 (4.4)	14 (15.6)	0 (0.0)	2 (2.2)	0 (0.0)	20 (22.2)
PEAPUDI	4 (4.4)	9 (10.0)	1 (1.1)	1 (1.1)	0 (0.0)	15 (16.7)
TOTAL	24 (26.7)	53 (58.9)	1 (1.1)	11 (12.2)	1 (1.1)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.21 shows five classifications of writing ability. They are write, cannot write, write only name, write only few words and Braille categories. The respondents from 'write' category indicates that they can write appropriate to their education level, respondents from 'cannot write' indicates that they cannot write anything, respondents

from 'only name' category indicates that they have only learnt to write their name, respondents from 'few words' indicates that they can write only few words, respondents from 'Braille' category indicates they are in special school and learnt Braille writing. It is observed from the study that majority of the respondents cannot write even a word, $1/4^{th}$ of the respondents can write according to the learning pattern and 12.2 percent of respondents can write only few words. Low percent of respondents can write only their name and similar percent of respondents learnt Braille. Among the total sample, it is understood that only 27.2 percent of respondents can write and 72.8 percent of respondents do not have writing abilities. In many cases, they have never received training in writing.

Table: 4.22 – Mandal-wise Respondents' Mobility

Mandal	Mobility				Total
	Mobility	Partial Mobility with both legs	Partial Mobility with single leg	No Mobility	
ALAMURU	11 (12.2)	7 (7.8)	0 (0.0)	3 (3.3)	21 (23.3)
MANDAPETA	21 (23.3)	6 (6.7)	1 (1.1)	6 (6.7)	34 (37.8)
KARAPA	12 (13.3)	4 (4.4)	0 (0.0)	4 (4.4)	20 (22.2)
PEDAPUDI	12 (13.3)	2 (2.2)	0 (0.0)	1 (1.1)	15 (16.7)
TOTAL	56 (62.2)	19 (21.1)	1 (1.1)	14 (15.6)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table: 4.22 shows fourfold classifications of mobility i.e., mobility, partial mobility with both legs, partial mobility with single leg, and no mobility. The respondents from 'mobility' category indicates that they can walk without anybody's support, respondents from 'partial mobility with both legs' category indicates that they have problems in both the legs but can manage to walk minimum distance, respondents from 'partial mobility with single leg' category indicates that they can walk only with one leg can manage their mobility, and respondents from 'no mobility' category indicates they cannot move without someone's support. Out of 90 respondents 62.2 percent of the respondents have full mobility, 21.1 percent have partial mobility with both legs, 15.6 percent have no mobility and 1.1 percent has partial mobility with single leg. As a whole 22.2 percent of the respondents have problems with mobility.

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Though parents can easily identify the mobility issues with children, most of the times they failed in giving treatment to their children. It may be because of the financial problems, lack of knowledge in training centers, long distance between their home and hospital and unaware of the facilities available to them. It is understood from researcher's experience that the mobility issues could have been solved with proper physiotherapy and medication at the appropriate time.

Table: 4.23 – Mandal-wise Respondents' Bathing abilities

MANDAL	Bathing abilities			Total
	Can take bathe	Cannot take bathe	Can take bathe with support	
ALAMURU	8 (8.9)	4 (4.4)	9 (10.0)	21 (23.3)
MANDAPETA	19 (21.1)	3 (3.3)	12 (13.3)	34 (37.8)
KARAPA	9 (10.0)	5 (5.6)	6 (6.7)	20 (22.2)
PEDAPUDI	6 (6.7)	2 (2.2)	7 (7.8)	15 (16.7)
TOTAL	42 (46.7)	14 (15.6)	34 (37.8)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table: 4.23 shows three classifications in bathing i.e., can take bathe, cannot take bathe and can take bathe with support. The respondents from 'can take bathe' category indicates that they can take bathe without support from others, respondents from 'cannot take bathe' category indicates that they cannot take bathe without support, and respondents from 'can take bathe with support' category indicate that they can take bathe if little external support is given.

Among the selected sample, half of the respondents can take bathe without support, 37.8 percent of the respondents can take bathe with little support, and 15.6 percent of respondents cannot take without support. As a whole more than half of the respondents need external support while taking the bathe. The primary reasons for this are motor problems, mental retarded and cerebral palsy. This problem makes the children depend on somebody else for basic needs including taking a daily bathe.

Table: 4.24 – Mandal-wise Respondents' Clothing abilities

MANDAL	Clothing abilities			
	Self	Do not know	Support	Total
ALAMURU	8 (8.9)	9 (10.0)	4 (4.4)	21 (23.3)
MANDAPETA	19 (21.1)	10 (11.1)	5 (5.6)	34 (37.8)
KARAPA	9 (10.0)	10 (11.1)	1 (1.1)	20 (22.2)
PEDAPUDI	7 (7.8)	6 (6.7)	2 (2.2)	15 (16.7)
Total	43 (47.8)	35 (38.9)	12 (13.3)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table: 4.24 show three classifications in wearing clothes i.e., self, do not know, and with support. This is also one of the important activities in life in terms of self dignity and dependence. The respondents from 'self' category' indicates that they know to wear clothes on their own, respondents from 'do not know' category indicates that their cognitive levels give no idea about wearing clothes. Only caretakers look after their clothing, respondents from 'support' category indicates that they have idea about clothing and need external support to dress up.

In the total sample, around half of the respondents can manage dressing on their own. More than $1/10^{th}$ of the respondents can dress up with somebody's support and around $4/10^{th}$ of the respondents cannot manage their clothing without support. As a whole 52.2 percent of the respondents need someone as their support to dress up.

Table: 4.25 – Mandal-wise Respondents' Toilet management Ability

MANDAL	Toilet Management Skills			Total
	Needed Help	Self	Care Taker	
ALAMURU	3 (3.3)	8 (8.9)	10 (11.1)	21 (23.3)
MANDAPETA	5 (5.6)	19 (21.1)	10 (11.1)	34 (37.8)
KARAPA	2 (2.2)	9 (10.0)	9 (10.0)	20 (22.2)
PEDAPUDI	4 (4.4)	7 (7.8)	4 (4.4)	15 (16.7)
Total	14 (15.6)	43 (47.8%)	33 (36.7)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Table 4.25 shows three classifications of abilities in managing their rest rooms i.e., needed help, self and care taker. The respondents from 'needed help' category indicates that they need support in rest rooms so that they are comfortable in rest rooms, respondents from 'self' category indicates that they do not need any help while

using the rest rooms, respondents from 'care taker' category indicates their cognitive growth or body impairments do not allow them to handle themselves.

They need complete support from a care taker while using rest rooms. It is also important to note that most of the respondents are not equipped with rest room facility particularly for lavatory purpose, hence, they all use public place for this purpose. Among the 90 respondents, 47.8 percent of the respondents are comfortable in using public/ private lavatories. 36.7 percent of the respondents need full support for lavatory purpose, and 15.6 percent of the respondents can manage lavatory with partial help of the supporter. The study says that a maximum of 61.3 percent of the respondents do not have general intelligence and ability in managing a lavatory. The reasons are not unique to everyone. Most of the cases it is related to mental standards, motor problems and social skills.

V. Interests of the Children With Special Needs (CWSN)

After a thorough understanding of needs of children with disabilities, and their abilities dealing in regular life, it is also important to know their interests in certain activities. The basic learning skills in life and interest will help them to learn better in education also. Hence, the focus is given on play, watching television, and visiting school. An attempt is made to understand their day long activities and to locate the area where they are active. Some of the views in this section are collected from parents about their children because some of the children could not respond.

Table 4.26 table show the playing interests of the children with special needs. The table is divided on the basis of different aspects around play by special needs children. The needs of the children on the basis of their impairments i.e., VI, HI, OI, MR and CL categories and the way children are involved in playing. Hence, Play includes categories like 'Interest', 'No interest', 'with kids', and 'stay home'. The respondents from 'interest' category indicates that they are interested in playing, respondents from 'no interest' category indicates that they have no interest in playing and sit idle the whole day, category 'with kids' indicates that respondents are interested in playing

with children younger to them because their age children do not show any interest to play with them, and respondents from 'stay home' category indicates that they do not go out of their homes.

Table: 4.26: Category-wise Respondent's Interest in Play

Category	Play				Total
	Interest	No interest	With kids	Stay Home	
Visually Impaired	10 (90.9)	0 (0)	0 (0)	1 (9.1)	11 (100)
Hearing Impaired	15 (75.0)	4 (20.0)	1 (5.0)	0 (0)	20 (100)
Orthopaedically Impaired	3 (25.0)	9 (75.0)	0 (0)	0 (0)	12 (100)
Mental Retardation	30 (66.6)	11 (24.0)	3 (6.7)	1 (2.2)	45 (100)
Cleft lip	0 (0)	2 (100)	0 (0%)	0 (0)	2 (100)
Total	58 (64.4)	26 (28.9)	4 (4.4)	2 (2.2)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

Out of 90 respondents in the selected mandals, the respondents interested in playing constitute 64.4 percent of the total sample. While 4.4 percent of respondent are interested in playing with kids, and 2.2 percent of respondents are interested to play only at home. Almost one-third of the respondents have never showed their interested in playing. This self restriction is because of their inadequate coping mechanism with their peer groups. Parents play a crucial role in restricting their children to home. They are afraid of the other children because CWSN were beaten by them several times. To avoid such confrontations with children and their parents, CWSN are forced to restriction. The highest number of respondents in every category is interested to play except OI category. This may be because of their locomotor restriction.

The respondents interested in playing with kids are generally older to the children with whom they are playing, it is because they have never given due respect by their age group children. CWSN were never considered as equal partners of the game and always ignored. In such cases, CWSN have found their ideal match in children who are younger to them. CWSN prefer to play only with younger children. Interest or non-interest in playing is related to motor problems, mental growth and family interference.

Table 4.27: Category-wise Respondents' interests in watching TV

Category	T.V				Total
	Yes	Few channel	Do not watch	No TV	
Visually Impaired	7 (63.6)	0 (0.0)	2 (18.2)	2 (18.2)	11 (100)
Hearing Impaired	9 (45.0)	2 (10.0)	6 (30.0)	3 (15.0)	20 (100)
Orthopaedically Impaired	9 (75.0)	0 (0.0)	2 (16.7)	1 (8.3)	12 (100)
Mental Retardation	15 (33.3)	3 (6.7)	13 (28.9)	14 (31.1)	45 (100)
Cleft lip	0 (0)	1 (50.0)	0 (0)	1 (50.0)	2 (100)
Total	40 (44.4)	6 (6.7)	23 (25.6)	21 (23.3)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals.

The table 4.27 shows category-wise Television viewing interests of children with special needs. The TV viewing is classified into three categories i.e., 'Yes', 'Few Channels', 'Do not Watch' and 'No TV'. The respondents from 'Yes' category indicates that they are interested in watching TV along with other family members, the respondents from 'Few Channels' category indicates that they are interested in viewing only few channels, respondents from 'Do not watch' category indicates that they are not interested in TV at all and respondents from 'No TV' category indicates that their family do not own a TV.

In the total sample, highest percent (44.4) of respondents is interested in watching TV irrespective of the channels. Apart from them, one-fourth of respondents are not interested in watching TV, another one-fourth of respondents and their parents do not own a TV and 6.7 percent of the respondents watch only selected channels in TV. These selected channels include News Channels, Music Channel and Cartoon Network. Even parents are unaware why these kids are interested in news channels. The TV viewing respondents do not have any preference in channels but they watch along with their family members. Non viewing respondents are also not particular in any activity in their daily living and they almost sit idle. They are completely under parents' care.

The notion of viewing TV is not understood in terms of reflecting to it but sitting quietly in front of the TV along with their parents. That is why 63.3 percent of VI

category, 45.09 percent of HI category and 33.3 percent of MR category are considered as watching Television. Parents do consider it as watching Television. The respondents who do not watch Television are 18.2 percent of VI category, 30 percent of HI category, 16.7 percent of OI category and 28.9 percent of MR category. Though the reasons are different for each person but a common reason is they also have problem with their cognitive growth. As a whole 6/10th respondents have some or the other restrictions to view Television.

Table 4.28 – Mandal-wise Respondents' interest to go to school

Mandal	School Interest			Total
	Interested	Not interested	Excluded	
ALAMURU	8 (38.1)	12 (57.1)	1 (4.8)	21 (100)
MANDAPETA	19 (55.9)	12 (35.3)	3 (8.8)	34 (100)
KARAPA	12 (60.0)	8 (40.0)	0 (0)	20 (100)
PEDAPUDI	7 (46.7)	8 (53.3)	0 (0)	15 (100)
Total	46 (51.1)	40 (44.4)	4 (4.4)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.28 shows the mandal-wise special needs children's interest in going to school. The study was also depended on parents while collecting this information because the study contains children who could not respond. This study does not represent their regularity to school but to understand their interest towards school without considering their frequency of visits to school. This is an attempt to understand the special needs children's notion about school. The further investigation can be made according to their opinion on schools. The reasons behind their schooling or non-schooling would help a policy to strengthen its supports to the target group. In the present table, the CWSN interests with reference to school are classified into three categories i.e., Interested, Not Interested and Excluded.

The children from 'Interested' category indicate that they are interested in going to school, children from 'Non interested' category indicates that they have no interest in school and children from 'Excluded' category indicates that are interested in going to school but they have severe mobility problem and there no support to take them to school. It is observed that half of the children are interested in going to school; only

4.4 percent of the children could not go to school because of their motor restriction but nearly 44.4 percent of the children are not interested in going to school. It may be due to lack of moral support from family, physical and psychological impairment and inaccessible environment of the school. The study says that about half of the children are not interested in school.

VI. Opportunity to move outside the house

Another important aspect of special needs children is to have an opportunity to move out of their house. It is important in every human's life to move out of their home for their survival. Mobility outside home is a factor that helps development of an individual. Hence, it is an attempt to understand the accessible environment available to special needs children outside the house. It includes accessibility of schools in terms of infrastructure, teaching methodology, attitude of the teachers, parents comfort and children's interest to social functions. These are the driving factors for special needs children to be inspired to come out of their home. The following table is to know the interest of the parents to take the CWSN out of home.

Table 4.29: Parent's Interest in Taking CWSN out of home

Social Function				
Category	Interested	Difficult	Embarrassed	Total
Visually Impaired	10 (90.9)	0 (0)	1 (9.1)	11 (100)
Hearing Impaired	14 (70.0)	6 (30.0)	0 (0)	20 (100)
Orthopaedically Impaired	5 (41.7)	7 (58.3)	0 (0)	12 (100)
Mental Retardation	22 (48.9)	21 (46.6)	2 (4.4)	45 (4.4)
Cleft lip	1 (50.0)	1 (50.0)	0 (0)	2 (100)
Total	52 (57.8)	35 (38.9)	3 (3.3)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table: 4.29 shows parents' interest in taking CWSN out of home. The interest of the parents is understood in three categories. The category 'Interested' indicates that they are interested in taking their children out of the home and they are following it. The 'Difficult' category indicates that they are interested in taking their children out of home but it is very difficult due to their physical and psychological conditions. To

avoid such inconvenience, parents avoid moving children out of the home. The 'Embarrassed' indicates that they are not interested in taking their child out of the home because it is embarrassing for them. It shows that they carry the stigma around disability.

Hence, the attempt in understanding parents' interest to social functions reveals that 57.8 percent of parents are taking their children to social function, 38.9 percent of them could not take their children and 3.3 of the parents are embarrassed to take them to a social function. The highest percentages of VI and HI category respondents are taken to social functions. It may be because they are not a physical burden to carry. They can be managed with little guidance. The highest percentage of respondents cannot be taken to social functions are OI/ MR category because of their mobility restriction, less mental growth, or any other functional problem. The study reveals that nearly half of the respondents are not given right to social mobility.

Table 4.30: Parents' Opinion on Mobility Choice to CWSN outside home

Category	Outside Mobility				
	Restricted	Not restricted	Self Restricted	Cannot move	Total
Visually Impaired	6 (54.5)	5 (45.5)	0 (0)	0 (0)	11 (100)
Hearing Impaired	7 (35.0)	13 (65.0)	0 (0.0)	0 (0.0)	20 (100)
Orthopaedically Impaired	5 (41.7)	7 (58.3)	0 (0)	0 (0)	12 (100)
Mental Retardation	21 (46.7)	21 (46.7)	1 (2.2)	2 (4.4)	45 (100)
Cleft lip	0 (0.0)	1 (50.0)	1 (50.0)	0 (0)	2 (100)
Total	39 (43.3)	47 (52.2)	2 (2.2)	2 (2.2)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.30 shows the parent's opinion on mobility choice to CWSN outside their home. It is to know mobility choice made according to their disability. The choices are classified into four categories i.e., Restricted, Not restricted, Self Restricted, and Cannot move. The category 'Restricted' indicates that children are not allowed to go out of the home. They are restricted by parents. The category 'Not restricted' indicates that parents are not restricting their special needs children to stay only at home, they

are free to move outside. The category 'Self restricted' indicates that these children with special needs are not interested in going out of home and they stay at home. Finally, the category 'Cannot move' indicates that their physical/ mental condition does not allow them to move out of the home.

In this study, more than half of the CWSN are not restricted to move outside home but 43.3 percent of them are totally restricted from moving out of the house. Apart from this, 2.2 percent of the CWSN are self restricted and another 2.2 percent of the CWSN cannot move due to their physical condition. It is understood from the table that nearly half of the CWSN in the sample are restricted to have choice of mobility. The restriction created by parents is because of their fear of the society. They feel that the society does not understand their children and do not give proper treatment when they go out. To avoid such consequence, they restrict their children's mobility. Parents are not ready to face consequences caused by low intelligence of CWSN. Parents are not aware of training the neighbors to treat their children (CWSN) with dignity. The self restriction by CWSN could also be the result of prolonged control by parents and lack of proper training to deal with the society. The study shows there is a need for creating accessible environment in the society so that the CWSN could avail the mobility right and freedom in making choice. It would also create confidence in parents.

Table 4.31: Opinion on Teacher's Acceptance in Schools

Mandal	General Acceptance					Total
	Accept	Reject	Suggestion	Never sent	Special School	
ALAMURU	13 (61.9)	2 (9.5)	0 (0)	6 (28.6)	0 (0)	21 (100)
MANDAPETA	20 (58.8)	5 (14.7)	0 (0.0)	8 (23.5)	1 (2.9)	34 (100)
KARAPA	12 (60.0)	4 (20.0)	0 (0.0)	4 (20.0)	0 (0)	20 (100)
PEDAPUDI	5 (33.3)	7 (46.7)	2 (13.3)	1 (6.7)	0 (0.0)	15 (100)
Total	50 (55.6)	18 (20.0)	2 (2.2)	19 (21.1)	1 (1.1)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.31 is an attempt to understand attitude of general teacher towards CWSN. This is the opinion of parents on teacher and inclusive nature. There exists a big

confusion to provide a space to CWSN in schools. Accepting CWSN in schools has become individual decision rather than a policy decision. Teachers have got similar orientations but no instructions to include CWSN. The general acceptance is classified into five categories i.e., Accept, Reject, Suggestion, Never sent and Special School. The category 'Accept' indicates that teachers have accepted CWSN in their class rooms, the category 'Reject' indicates that the teachers have not accepted CWSN in their class rooms, and category 'Suggestion' indicates that the teachers have suggested parents to take CWSN to special schools.

The other two categories are not related to teachers. The category 'Never sent' indicates that the parents have never tried sending CWSN to a school and the category 'Special School' indicates that these CWSN are enrolled in special school. It is observed that more than half of the CWSN in sample were accepted by teachers along with other children in the class. 20 percent of the CWSN were rejected by teachers in general schools, 2.2 percent children were suggested to go to special school and 21.1 percent of respondents did not even visit schools. The study reveals that none of the general teacher is trained to teach the CWSN.

The teachers in regular school can be classified into three categories based on their attitude i.e., (1) Duty bound teachers (2) Religion Oriented Teachers and (3) Insensitive Teachers. First category accepts children with disabilities in school abiding the instructions of government. The government instructed all the schools to enroll school going age children into school. Hence, they enroll all children with or without disabilities into school irrespective of the methodologies they follow to teach. The second category believes in God. They believe that serving human kind is serving God. They consider enrolling the children with disabilities in school is a service and can be spiritually rewarded by God. And third category teachers are insensitive towards children with disabilities. They feel that enrolling children with disabilities is a disturbance to the class. Neither they listen nor do they allow others to listen. Hence, the total class will be in a mess. So, they have chosen the option to reject them from schooling. They seriously feel that children with disabilities cannot be educated. The study reveals that none of the teachers have understood Inclusive Education and its

impacts on society. It is also observed the teachers have given very less importance to special needs education topic in their educational psychology. To examine critically, this ignorance is escapism from the responsibility and curtailing the right of special needs children. It also highlights the limitations in teacher's learning process. To evaluate, there is a need for powerful learning procedures to have the real impact on society.

Table 4.32: Opinion on Schools Accessibility to CWSN

Mandal	School accessibility						Total
	No accessible environment	No special material	No special methodology	Support system	Special School	Out of school	
ALAMURU	5 (23.8)	0 (0.0)	7 (33.3)	2 (9.5)	0 (0.0)	7 (33.3)	21 (100)
MANDAPETA	3 (8.8)	0 (0)	17 (50.0)	2 (5.9)	1 (2.9)	11 (32.4)	34 (100)
KARAPA	3 (15.0)	0 (0)	8 (40.0)	0 (0)	0 (0)	9 (45.0)	20 (100)
PEDAPUDI	0 (0)	1 (6.7)	5 (33.3)	3 (20.0)	1 (6.7)	5 (33.3)	15 (100)
Total	11 (12.2)	1 (1.1)	37 41.1)	7 (7.8)	2 (2.2)	32 (35.6)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.32 is an attempt to find out the accessible environment for CWSN in school. This opinion is collected from parents. It includes environment, material, methodology, support system, special school and out of school aspects. The environment accessibility includes building structures, attitude of the peer groups, teachers, and society. The material accessibility includes specially made material according to the needs of the children i.e., Braille kits, hearing aids, audio tapes, clutches, calipers and etc. The support system includes the psychological support given to the special needs children to cope up on par with the other children. There are children enrolled in special schools and out of school children in the sample.

Hence, the CWSN considered in this process are 62.2 percent of the total sample. Remaining 35.6 percent are not enrolled in schools and 2.2 percent are enrolled in special schools. In fact, none of the schools that the researcher visited had access to the above-mentioned facilities. For the same reasons, parents stopped their children from going to school.

VII. Impact of Inclusive Education Resource Teacher [IERT]

Inclusive Education Resource Teacher is central to educate CWSN. IERT job is to give primary training to CWSN to mainstream them in general schools. As part of his/her job, they should have regular visits to CWSN homes. It is called as Home Based Education. It is an attempt to understand their regularity in visits. Their regularity in visits is very crucial because their visits are scheduled only once a week and four times in a month. This following opinion is collected from parents.

Table 4.33: Parents' opinion on IERT Visit

Mandal	IERT visit to Home			Total
	Visited	Not visited	Enrolled in special school	
ALAMURU	11 (52.4)	10 (47.6)	0 (0.0)	21 (100)
MANDAPETA	9 (26.5)	25 (73.5)	0 (0)	34 (100)
KARAPA	9 (45.0)	11 (55.0)	0 (0)	20 (100)
PEDAPUDI	2 (13.3)	12 (80.0)	1 (6.7)	15 (1000
Total	31 (34.4)	58 (64.4)	1 (1.1)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table: 4.33 is an attempt to estimate the commitment from IERT towards CWSN. The table shows that the majority of CWSN are not provided with IERT facility and around one percent of the CWSN are enrolled in a special school. Only 34.4 percent of the CWSN were provided by IERT facility under Home Based Education. Hence, the study represents that the coverage of CWSN in all the mandals is not equal and non coverage of the CWSN is higher than the covered CWSN in Home Based Education. The study also observed that there is a scarcity of resource persons. The district authority was able to recruit only 50 percent of the resource persons every year. As a result, most of CWSN are left out of Inclusive Education process.

Table: 4.34 is an attempt to understand caste-wise details on IERT visit to CWSN's Home. Every category has visits and non visits except ST category. This opinion is collected from parents. The highest percentages of visits are found in SC communities and highest number of non visits found in BC communities. The study shows that

services are rendered without considering the caste. But we cannot deny the role of a caste in the study because it was observed while discussing the survey of CWSN in the mandals.

Table 4.34: Caste-wise details on IERT visit to Home

Caste	IERT visit to Home			Total
	Visited	No visited	Enrolled in special school	
ST	0 (0)	3 (100)	0 (0)	3 (100)
SC	7 (41.2)	10 (58.8)	0 (0)	17 (100)
BC	11 (30.6)	24 (66.7)	1 (2.8)	36 (100.0)
OC	13 (38.2)	21 (61.8)	0 (0)	34 (100.0)
Total	31 (34.4)	58 (64.4)	1 (1.1)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Out of the four mandals selected, half of the mandals i.e., Karapa and Pedapudi mandals do not have respondents from ST category. The Pedapudi mandal data shows there were no respondents from ST and SC category. Another interesting dimension is IERTs from non SC/ST categories have less percent of SC respondents and IERT from SC category has good number of SC category respondents found in the sample. It clearly indicates that marginalized communities are neglected during the survey and a minimum representation is given. Hence, the marginalized are affected with both social deprivation as well as disability caused deprivation.

Table 4.35 is an attempt to understand the impact of IERT visits to Homes. This opinion is collected from parents. It is already mentioned in the previous table that 64.4 of the do not get an opportunity to avail IERT provision. So, the estimated impact is limited to only 35.6 percent of total CWSN. Among the IERT visited CWSN, 67.7 percent of the CWSN families are satisfied and 32.3 percent of the CWSN families are dissatisfied. The parents have seen only slight difference in their child performance. They love to be with IERT because they bring chocolates and spend time with them.

Table 4.35: Parents' Assessment of IERT Teaching

Mandal	IERT Teaching				Total
	Satisfactory	Dissatisfied	Special school	No Visit	
ALAMURU	6 (28.6)	5 (23.8)	0 (0.0)	10 (47.6)	21 (100)
MANDAPETA	8 (23.5)	1 (2.9)	0 (0)	25 (73.5)	34 (100)
KARAPA	6 (30.0)	3 (15.0)	0 (0)	11 (55.0)	20 (100)
PEDAPUDI	1 (6.7)	1 (6.7)	1 (6.7)	12 (80.0)	15 (100)
Total	21 (23.3)	10 (11.1)	1 (1.1)	58 (64.4)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

The Alamru mandal has the highest number in both satisfied and dissatisfied categories while Pedapudi mandal experienced low number of visits from IERTs. The Alamuru mandal IERT was interactive and gave hope to parents and also spoke about further financial benefits whereas Pedapudi Mandal IERT had left the job in the middle of the year. The study shows that the IERTs were able to show development in children but they need to spend more time than they are actually allotted to spend. It necessitates the need for a quality and quantity of resource persons.

Table 4.36: Opinion on Counseling of Parents by IERT

Parent's Counseling			
Mandal	Given	Never given	Total
Alamuru	1 (4.8)	20 (95.2)	21 (100)
Mandapeta	7 (20.6)	27 (79.4)	34 (100)
Karapa	0 (0)	20 (100.0)	20 (100)
Pedapudi	0 (0.0)	15 (100.0)	15 (100)
Total	8 (8.9)	82 (91.1)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.36 is to understand the frequency of counseling given to parents. This is part and parcel of Home Based Education. The IERT is supposed to counsel parents along with CWSN. Parents should also play the role of a teacher and doctor when dealing with their children, so they need to be equipped with certain basic skills to understand and to deal with their CWSN.

It is observed that only 8.9 percent of the parents have attended counseling sessions and 91.1 percent of the parents do not get any counseling. The counseled parents are found in Alamuru and Mandapeta mandals. Parents in Karapa and Pedapudi mandals did not receive any councelling. The IERT is spending his whole time on CWSN and parents are engaged in their work. The parents who have interest in knowing about their children have got such orientation and mandals are missing this orientation. During the survey, this researcher noticed that IERTs from Alamuru and Mandapeta enjoyed good rapport with parents of the CWSN.

Table 4.37: Caste-wise details of' Counseling to Parents

Caste	Counseling to Parents		Total
	Given	Never given	
ST	0 (0.0)	3 (100.0)	3 (100.0)
SC	1 (5.9)	16 (94.1)	17 (100.0)
BC	5 (13.9)	31 (86.1)	36 (100.0)
OC	2 (5.9)	32 (94.1)	34 (100.0)
Total	8 (8.9)	82 (91.1)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.37 is an attempt to examine the role of caste in counseling the parents. The study says that 34.4 percent of CWSN enjoyed home visit by IERTs. Among them, only 1/4th of the CWSN's parents have got counseling from IERTs, which constitutes 1/10th of the total sample. The highest percentages of counseled parents are from BC category and the lowest percent counseled are from SC category. The ST category remained as the un-attempted category and deprived of many services in inclusive education process. The study shows that parents' interest in counseling is not properly addressed by the stakeholders and it was neglected in the whole process. The percentage in each category shows that less importance was given to counseling of parents.

The study has tried to understand the other benefits, which contribute to education. This includes parents' notions on government schools, availability of physiotherapy facilities, and government pensions to Persons with Disabilities.

Table: 4.38 Parents belief in Government School

Belief in Govt. School			
Category	Believe	No belief	Total
Visually Impaired	10 (90.9)	1 (9.1)	11 (100)
Hearing Impaired	18 (90.0)	2 (10.0)	20 (100)
Orthopaedically Impaired	11 (91.7)	1 (8.3)	12 (100)
Mental Retardation	36 (80.0)	9 (20.0)	45 (100)
Cleft lip	0 (0.0)	2.0 (100.0)	2 (100)
Total	75 (83.3)	15 (16.7)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.38 is an attempt to understand parents' views on government schools. It was examined to understand views on the present education system. The category 'Believe' is a belief on government schools and the category, 'No belief' is belief on private schools for quality education. This view is collected from all the parents irrespective of their children's enrollment in schools. More than $8/10^{th}$ of the parents opined that they believe in government schools and more than $1/10^{th}$ of parents believed in private school for quality in education. None of the CWSN in the sample is enrolled in private schools but still parents feel that private school is better than government schools. In fact, there are incidents where private schools have vehemently rejected enrolling CWSN in their schools. Majority of parents realized that their children are accepted in government schools rather than in private schools. Presently, parents believe in government institutions for their support, if these schools are further strengthened, the dreams of the parents of CWSN would come true.

Table 4.39 – Opinion on Physiotherapy

caste	Physiotherapy					
	Given for some time	Never given	Continuing	Not needed	Could not give	Total
ST	0 (0.0)	2 (66.7)	0 (0)	1 (33.3)	0 (0)	3 (100)
SC	1 (5.9)	6 (35.3)	1 (5.9)	9 (52.9)	0 (0)	17 (100)
BC	1 (2.8)	15 (41.7)	1 (2.8)	19 (52.8)	0 (0)	36 (100)
OC	6 (17.6)	13 (38.2)	0 (0)	14 (41.2)	1 (2.9)	34 (100)
Total	8 (8.9)	36 (40.0)	2 (2.2)	43 (47.8)	1 (1.1)	90 (100.0)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.39 is an attempt to understand the percentage of respondents provided with physiotherapy. Physiotherapy is also a part of Home Based Education. In some cases parents have identified some places and visited regularly along with their CWSN. Sometimes it was government facility and sometimes it was private facility. They were supposed to pay for the private facility. The study says that physiotherapy helps most CWSNs and thereby reduces the numbers of CWSNs in the society. Among the total sample, half of CWSN needed physiotherapy but only 2.2 have been continuing physiotherapy at the time of study. And, the remaining 40 percent of parents of CWSN have never thought of physiotherapy and 1.1 percent wanted to continue physiotherapy but could not do it because of poverty. The study says that there is considerable number of parents who wanted to avail this facility. But, they are unaware of the free facilities available near their house. Some have tried paying money but could not continue. There are parents who have travelled every day to a nearby government hospital which is 15 km away which causes with physical and financial problems. Hence, the study shows that physiotherapy facilities should be provided at the nearest location. Otherwise it would be very tough for poor parents.

Table 4.40: Opinion on Pension details of CWSN

Pension details			
Mandal	Receiving Pension	Not receiving pension	Total
ALAMURU	18 (85.7)	3 (14.29)	21 (100)
MANDAPETA	34 (100)	0 (0)	34 (100)
KARAPA	17 (85.0)	3 (15.0)	20 (100)
PEDAPUDI	12 (80.0)	3 (20.0)	15 (100)
Total	81 (90.0)	9 (10.0)	90 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 4.40 is an attempt to know details of disability pension. This disability pension is an initiative of Andhra Pradesh government to all the persons with disabilities with a proper proof of disability. It includes both children as well as adults. The pension was Rs.500 p.m irrespective of the intensity of disability. During the study, this researcher found this to be one of the most successful programs in the villages.

Out of all the four mandals selected, 90 percent of the respondents are receiving disability pension and 10 percent of them do not receive pension. The reasons behind not receiving pension are political parties, migration, lack of medical certificates, and unawareness. Lot of politicization is seen sanctioning the disability pension at rural level. Some of the names are deleted because they are from the opposition party. Some of the CWSN could not get because they have migrated to a new place but their parents could not transfer their ration card. The pension is given only to natives of the particular mandal. Some of the parents of CWSN are unaware of pension procedures and getting medical certificates of their CWSN. As registering names for disability pension is not a regular process, they have to wait till the next call for registration. As a whole, majority of the CWSN are benefited with disability pension. It helps parents to buy medicines and some parents save through postal deposits.

Summing Up:-

The study reveals that most of the families of children with special needs are living with low annual income irrespective of their caste. There is a big difference between the abilities claimed by parents and IERTs than they are actually living with. Most of the children with special needs have problems in speaking, writing, mobility, bathing, clothing, and managing themselves in the toilet. This intensity necessitates the inculcation of taking care of special needs and giving support. The children with special needs have interest in playing kids but because of their low cognitive growth and parental restrictions, some of them are playing with younger age children than them and some are staying back at home without playing. The study shows that more than of half of the respondents are not interested in school because of different reasons; nearly half of the children are not taken out for social functions because of stigma on disability, and a similar percentage of teachers deny education to special needs children. The accessibility in terms of environment, special material, special methodology and support system was almost absent and unaware in schools. Neither the teachers in the regular schools nor the IERTs in Home Based Education have a thorough understanding on inclusive education or special education.

Chapter – V

Experiences in Special Needs Education

[*This chapter is an attempt to know the experiences of different stakeholders in the process of inclusive education with reference to children with special needs. It includes Children with Special Needs in School, Children with Special Needs out of school, Teachers in the regular schools, Inclusive Education Resource Teachers [IERT] in Home Based Education, and Community Mobilisation Officer [CMO] at the District Head Quarters of Sarva Shiksha Abhiyan. The chapter gives a detailed understanding of the implementation status in the selected areas]*

Part I: Experience of Children With Special Needs

The study is an attempt to understand children with special needs in terms of their special needs caused by disability. They have unique needs within the educational system. These 'unique needs' need life longs supports in some cases and temporary in some cases. The children have single disability in some cases and multiple disabilities in some other cases. Hence, the entire sample is not a homogeneous entity. At this crucial juncture, needs could be understood from individual perspective rather than group perspective. Therefore the support system needs to be multi-dimensional to assist all the special needs children.

Among the 90 CWSN selected for the study, only 1/3rd of them are able to interact with the researcher as the remaining respondents are affected with cerebral palsy, mental retardation, and hearing impairment. As the researcher was not trained in dealing with non verbal communication, speech therapy and mental retardation, the support of the care takers became crucial in understanding the behavior, interests, daily routine, and abilities of the children with disabilities and their needs. This chapter deals particularly with the 1/3rd of CWSN, who could understand and respond to the researcher's interaction. A special focus was given on their views to understand the present system of inclusive education, interests on subject, problems in reading, writing, and listening, mode of transport to school, accessibility in school, support from friends and parents, resource teacher, availability of resource room, awareness

regarding government policies and programs, co-curricular activities, washroom facilities, distance of the school and their aspirations. This chapter is limited to the experiences in inclusive education in East Godavari district.

Table 5.1 -The status of CWSN in school

Educational Status	Disability				Total
	VI	HI	OI	MR	
Enrolled in school	6 (20.7)	1 (3.4)	7 (24.1)	4 (13.3)	18 (62.1)
Out of School	1 (3.4)	0 (0)	8 (27.6)	2 (6.9)	11 (37.9)
Total	7 (24.1)	1 (3.4)	15 (51.7)	6 (20.7)	29 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

VI - Visually Impaired, HI - Hearing Impaired, OI - Orthopedically Impaired, MR - Mentally Retarded, CL - Cleft lip

Table 5.1 shows the status of CWSN Enrolled 'in-school' and 'out-of-school'. Majority of the CWSN are currently enrolled in school. The highest percent of CWSN are found in Orthopedical Impairment category. It indicates that the other categories have problems in cognitive growth and communication, which is a barrier in regular school system. It is also observed that half of the CWSN belonging Orthopedical Impairment (OI) category is out of school. It indicates that though an Orthopedical Impairment category child does not need special teaching methodology in school but they need support to reach the school. Due to the inappropriate transport facilities, these CWSN had chosen to be out of school rather than taking trouble in transportation. The CWSN, who could manage transportation were all enrolled in school. Due to this, enrollment of the CWSN belonging to Visual Impairment, Hearing Impairment, and Mental Retardation categories is higher than the Orthopedic Impairment category in the School. To understand critically, each category of CWSN needs support in transportation to reach the school. Orthopedical Impairment category students need extra support in transportation because of their mobility restriction but other category children can manage with assistance from others. Finally, the study shows that transportation is one of the major support system to attract children to school.

Diagram 5.1: Educational Qualification of CWSN
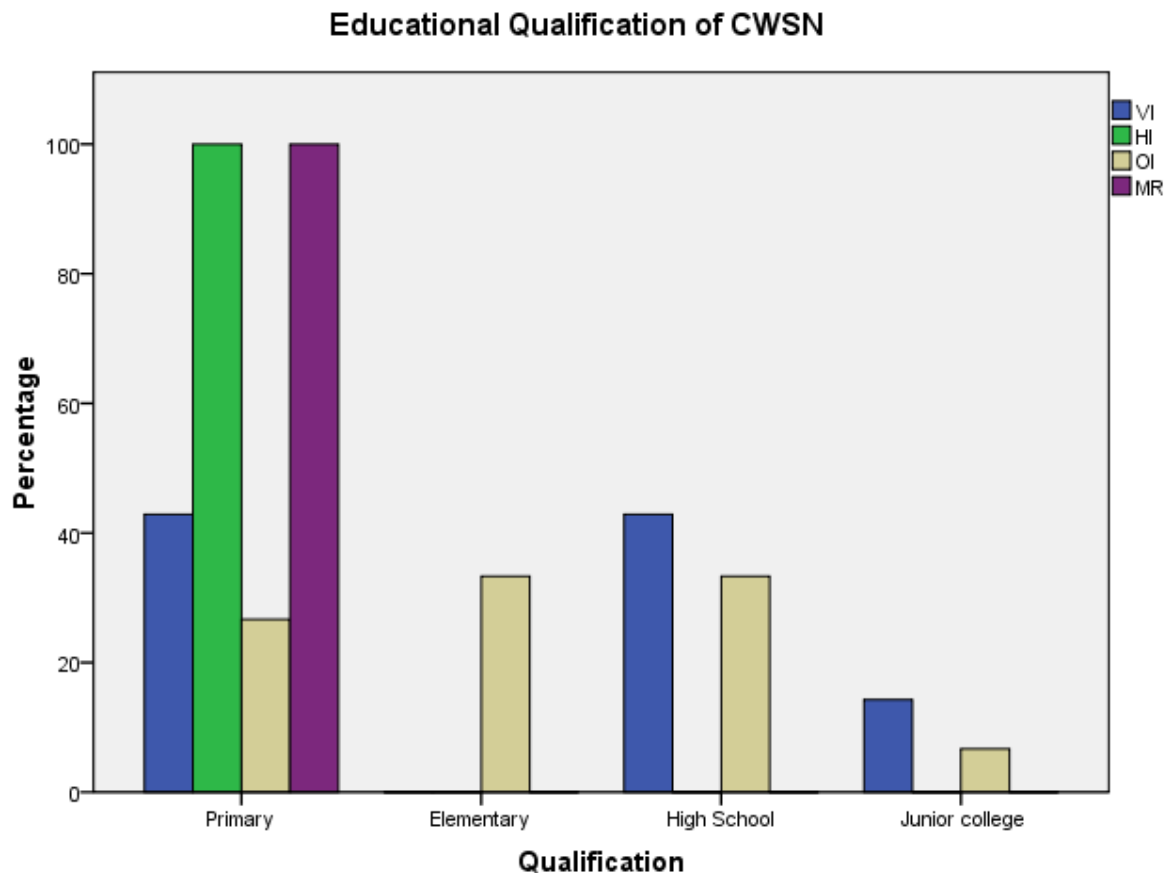
The Bar Diagram 5.1 shows the educational levels of the CWSN. The diagram shows four levels of education - primary, elementary, high school and junior college. The significant part of the whole diagram is primary level, because all major disability categories are part of it. It is observed from the study that Orthopedical Impairment category children have accessed education at every level. Whereas Mental Retardation and Hearing Impairment categories have got access to only primary education, Visual Impairment category children have got access to Primary, High School and Junior College education.

This picture clearly indicates that Orthopedical Impairment and Visual Impairment category children could overcome the hardships in learning education while Mental Retardation and Hearing Impairment categories have problems. The primary

education provided to CWSN has certain limitations and needed immediate attention to restructure the existing system. All the CWSN enrolled in primary schools are not promoted to higher education. It shows that they have not learnt adequate skills to upgrade their education levels. Because of the free and compulsory education, children with special needs are enrolled into regular schools but their needs are not taken into consideration. These children are promoted from nursery to 5th class with their regular attendance. As a result, they are disappointed for not going to the high school education.

Diagram 5.2: Subject Interest of the CWSN
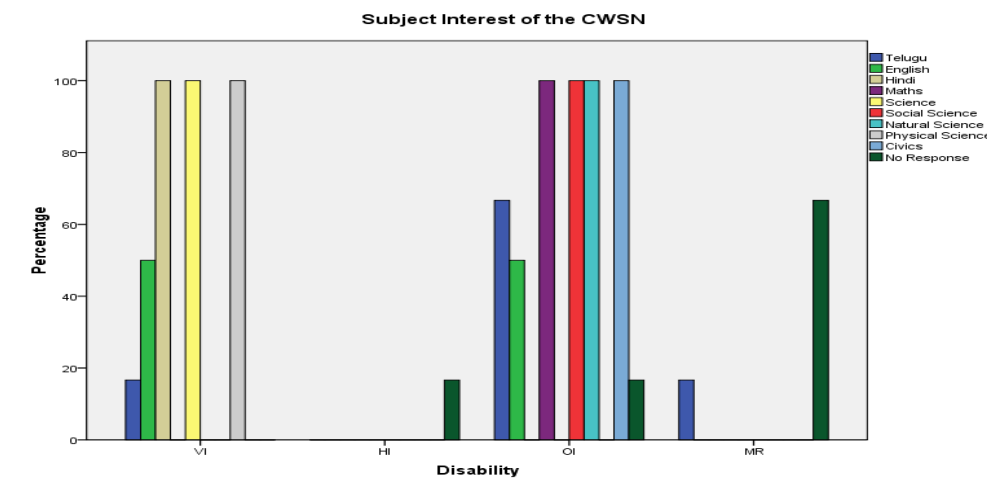
The Bar Diagram 5.2 shows the subject interests of CWSN enrolled in schools. As mentioned earlier, only 29 CWSN directly interacted with the researcher. Hence, all the responses are limited to the above mentioned number of CWSN. The study has identified seven subjects from their classroom teaching and tried to know the subject of their interest. Science was split into three branches – General Science (GS), Natural Science (NS) and Physical Science (PS), because General Science is a single subject to primary students and it is divided as NS and PS to high school students. Majority of the CWSN are interested to learn Telugu. It may be because of their comfort with their mother tongue.

The CWSN from Orthopedically Impaired category are interested in learning more subjects when compared to other categories. This is the only category showed interest in mathematics and natural sciences. This is because the Orthopedically Impaired category children do not need special teaching methods, as they could understand all the subjects. The Visually Impaired (VI) category children are interested in Telugu, English, Hindi, Science, and Physical Science subjects. The study shows that Visually Impaired category children showed interest in subjects that could be learnt easily through listening. May be because of that reason, none of them had opted mathematics as their interested subject. It was also observed that Hearing Impaired (HI) and Mentally Retarded (MR) categories children also did not show any interest in Mathematics. Finally, half of the children from Mentally Retardation category have shown interest in Telugu and remaining half could not respond to the question. It shows that the students from Mentally Retardation category could not understand either Telugu or any other subject. The Hearing Impaired (HI) category children did not respond to the question and none of them from this category showed interest in any subject. It proves that appropriate methodology has to be applied in training the special needs children in regular schools. Otherwise, their stay in school is not beneficial to them. Hence, this diagram clearly indicates the need in implementing appropriate methods in teaching to include all categories of special needs children.

Table: 5.2 CWSN Problems in Acquiring Reading Skills[1]

| Sl. No | Category | Reading Skill | | | | Total |
| | | School enrolled | | Out of School | | |
		YES	NO	YES	NO	
1	VI	3 (10.3)	3 (10.3)	0	1 (3.4)	7 (24.1)
2	HI	1 (3.4)	0	0	0	1 (3.4)
3	OI	1 (3.4)	6 (16.7)	0	8 (27.6)	15 (51.7)
4	MR	4 (13.8)	0	2 (6.9)	0	6 (20.7)
5	TOTAL	9 (31.0)	9 (31.0)	2 (6.9)	9 (31.0)	29 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.2 represents the problems faced by CWSN while reading. The table is divided into (1) School Enrolled Children and (2) Out of School Children. Reading skills are

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[1] An ability that has been acquired by training

estimated in both the cases. Each category is again divided into two groups i.e., 'Yes' indicates having problem in reading and 'No' indicates that they have no problem in reading. They have acquired reading skills.

The study reveals that half of the 'school enrolled' children with special needs and nearly 1/5th of the 'out of school' children, with special needs, have problems with reading. Remaining half of the children with special needs from 'school enrolled' and around 80 percent of 'out of school' children, with special needs, are having reading skill. The problems with reading skill are identified in both 'school enrolled' and 'out of school' children with special needs. Among the 'school enrolled' children, this problem have spread to all the major disability categories, but in 'out of school' children, it is found only in Mentally Retardation category. Each category has a different reason for lagging in mainstream learning. The Visual Impairment category is supposed to be taught through Braille, Hearing Impairment category is supposed to be taught through speech therapy and sign language, Mental Retardation category is supposed to be taught through behavior therapy and the Orthopedical Impairment category children affected with Cerebral Palsy are supposed to be taught along with Mental Retardation category children, but teachers are not equipped with these skills. Hence, they are unable to teach their students.

Around 62 percent of children with special needs do not possess reading skills from both 'school enrolled' and 'out of school' children from the above sample. It is identified that only Visual Impairment and Orthopedical Impairment category children possess these skills. The Visual Impairment category children with partial visual impairment are able to follow mainstream reading skills by adjusting the distance between the book and their eyes. This partial impairment is not mentioned in government records and every one with this disability is recorded as single category without making further classification. The Orthopedical Impairment category children could possess the skill because their problems are related only to bodily movements. The study shows that there is a need for introducing special skills in teaching in regular schools. It was also observed that Orthopedical Impairment category children who have acquired good reading skills are dropped out of school because of

transportation problems. It is a major setback for the education system. The infrastructure available in the school was also not designed appropriately to suit the Orthopedical Impairment category children.

Table: 5.3 CWSN Problems in writing skills

Sl. No	Category	Problems in writing					Total
		School Enrolled			Out of School		
		YES	NO	Braille	YES	NO	
1	VI	2 (6.9)	3 (10.4)	1 (3.4)	0	1 (3.4)	7 (24.1)
2	HI	1 (3.4)	0		0	0	1 (3.4)
3	OI	2 (6.9)	5 (17.2)	0	0	8 (27.6)	15 (51.7)
4	MR	3 (10.3)	1(3.4)	0	2 (6.9)	0	6 (20.7)
5	TOTAL	8 (27.6)	9 (31.0)	1 (3.4)	2 (6.9)	9 (31.0)	29 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.3 represents the problems with writing skills in children with special needs. The table was divided into two groups i.e., (1) School Enrolled and (2) Out of School. Group (1) is further divided to three sub-groups and Group (2) is divided into two sub-groups. Among the whole table 'Yes' indicates having the problems in writing skills, 'No' indicates possessing not having problem and it indicates that they are writing skills and 'Braille' indicates their familiarity with Braille script, which is used by persons with visual impairment.

Around half of the 'school enrolled' children and 1/5th of 'out of school' children have problems with writing skills. As a whole 1/3rd of children from the sample are having problems with writing skills. The reasons behind problems in writing skills are different for each category. The Visual Impairment category children are not provided with Braille kits, the Orthopedical Impairment category children have physical restriction and Mental Retardation category children have low cognitive growth, and there was no methodology available in schools to teach Hearing Impairment category children. Though good percentage of Orthopedical Impairment category children has writing skills, the other physical and transport hindrances restricted them from attending school. The students with special needs are enrolled in schools on sympathetic grounds. This sympathy has provided a space for neglecting the special needs of such children. One of the teachers has opined that children with special needs

have good behavior in class but she could not identify the reasons behind their slow learning and performance.

Table 5.4: CWSN Problems with Listening Abilities[2]

Sl. No	Category	Problem with listening abilities				Total
		School Enrolled		Out of School		
		YES	NO	YES	NO	
1	VI	0	6 (20.7)	0	1 (3.4)	7 (24.1)
2	HI	1 (3.4)	0	0	0	1 (3.4)
3	OI	1 (3.4)	6 (20.7)	0	8 (27.6)	15 (51.7)
4	MR	0	4 (22.2)	0	2 (6.9)	6 (20.7)
5	TOTAL	2 (6.9)	16 (55.2)	0	10 (31.0)	29 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.4 represents the problems with listening abilities in children with special needs. The sample was divided into two groups i.e., (1) School Enrolled and (2) Out of School. Group (1) is further divided to two sub-groups and Group (2) is divided into two sub-groups. In this table 'Yes' indicates having problems with reading abilities, and 'No' indicates possessing reading abilities.

Among the 'school enrolled', nearly 90 percent children with special needs possessed listening abilities and remaining 10 percent has problems with listening abilities. This minor percent of children with special needs hailed from Hearing Impairment and Orthopedic Impairment category among 'school enrolled' children. The Orthopedically Impairment category respondents were considered for listening abilities because they are also affected with cerebral palsy. Generally, listening abilities plays a very crucial role in learning process and it is very important in schools also. Surprisingly, the researcher could not find any impact of listening abilities in the learning process, though majority of children with special needs possessed listening abilities. Problems with other abilities and skills dominated and created hindrance in the learning education. The schools always focus on the dis-abilities rather than the abilities of child.

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[2] Possession of the qualities (especially mental qualities) required to do something or get something done

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Table: 5.5 Mode of Transportation Used by CWSN to Reach the School

Sl.	Category	Mode of Transportation used										Total
		School enrolled						Out of School				
		Walk	Try Cycle	Friend's Help	Bicycle	Hostel	Auto	Walk	Tricycle	Friend's help	Bicycle	
1	VI	3 (10.3)	0	0	2 (6.9)	1 (3.4)	0	1 (3.4)	0	0	0	7 (24.1)
2	HI	1 (3.4)	0	0	0	0	0	0	0	0	0	1 (3.4)
3	OI	4 (13.8)	0	0	2 (6.9)	0	1 (3.4)	3 (10.3)	3 (10.3)	1 (3.4)	1 (3.4)	15 (51.7)
4	MR	4 (13.8)	0	0	0	0	0	2 (6.9)	0	0	0	6 (20.7)
5	TOTAL	12 (41.4)	0	0	4 (13.8)	1 (3.4)	1 3.4)	6 (20.7)	3 (10.3)	1 (3.4)	1 (3.4)	29 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.5 represents the mode of transportation used by children with special needs to reach their school. The available modes of transport used by children with special needs are Bicycle, Tricycle, Auto, Walking, and using friend/s to support. The study revealed that majority of the children with special needs is walking to school. The children with special needs from 'school enrolled' are using either Bicycle or walking to school but 3.4 percent of them are staying in hostel and another 3.4 percent use hired auto. The 'out of school' children with special needs had used Tricycle, Bicycle, and Friends' help and walked to reach the schools. Among them, more than half of the children with special needs walked, around 1/3rd of them have used Tricycles and the remaining were dependant on walking and using friends' help. Among the total sample, there were few Orthopedically Impaired category respondents who rode bicycle with single leg or a tricycle with the help of hand but the Visual Impairment category children were supported by family members either in walking or to ride a bicycle. The Orthopedical Impairment category children walked though they had problem with walking. This effect has finally lead them to drop out of school. The children with special needs from Hearing Impairment category could walk but their hearing impairment caused accidents. They cannot hear the horn /sounds on the road;

hence, they could not avoid accidents. Parents are afraid of such consequences and do not want to send their children to school without support.

The study revealed that the transportation, as a whole, was not comfortable to any category of children with special needs. It involved personal trouble and dependency on others which seriously affected the learning process. Those who could manage transportation attended school and those who could not cope are dropped out. Hence, providing transportation is an important aspect of inclusive education to reduce dropout rates particularly in the case of special needs children.

Diagram: 5.3 Responses on School Distance from Home
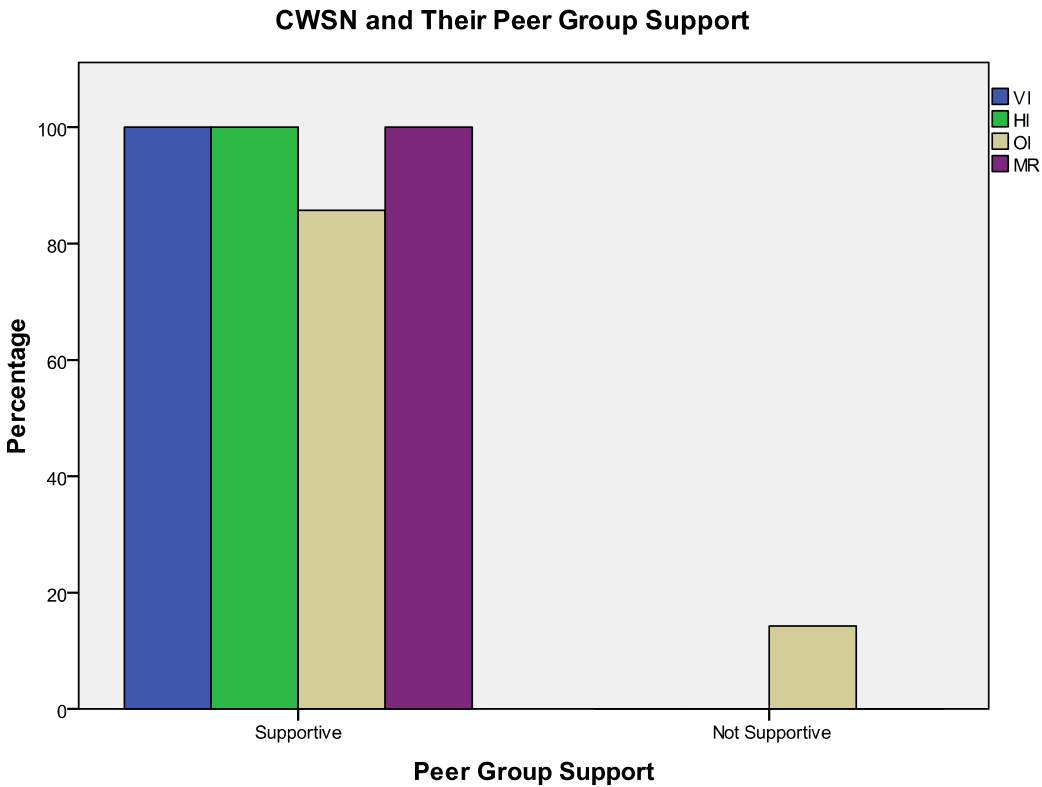
The distance plays an important place in inclusive education. The Bar Diagram 5.3 represents the distance between school and home for children with special needs. It is to understand accessibility and convenience of the children while travelling to the school. If the distance is less, some of the problems could be managed and if the distance is long even the small problems appear big. The highest number of children

with special needs (41.4 %) had school within 1 km distance from their home. It is within 2 km distance for 31 percent of children, within 3 km distance for 6.9 percent of children, within 4 km distance for 10.3 percent of children, within 5 km distance for 3.4 percent children and within 10 km distance for 6.9 percent children from their homes.

The short distances were managed by walk, tricycle or friends' help and long distance was managed by bicycle or staying in hostel. The shortest distance was covered by all categories and it is slowly decreasing when the distance is increasing. The longest distance was managed by Visual Impairment and Orthopedical Impairment categories children. None of the children got support from the state or any voluntary organizations in providing a better transport facility.

Table 5.6: Respondents Views on School Accessibility

| Sl. | Disability | CWSN' Accessibility to School | | | | | | | | Total |
| | | School enrolled | | | Out of School | | | | | |
		Accessible	Infrastructural Problems	Teaching Methodology Problem	Infrastructural Problem	Teaching Methodology Problem	Unexpected Illness	Problems in family relationships	Teachers' denial	
1	VI	2 (6.9)	0	4 (13.8)	0	1 (3.4)	0	0	0	7 (24.1)
2	HI	0	0	1 (3.4)	0	0	0	0	0	1 (3.4)
3	OI	1 (3.4)	6 (20.7)	0	6 (20.7)	0	1 (3.4)	1 (3.4)	0	15 (51.7)
4	MR	0	0	4 (13.8)	0	0	1 (3.4)	0	1 (3.4)	6 (20.7)
5	TOTAL	3 (10.3)	6 (20.7)	9 (31.0)	6 (20.7)	1 (3.4)	2 (6.9)	1 (3.4)	1 (3.4)	29 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.6 is an attempt to understand school accessibility to Children with Special Needs. The table is divided into two groups i.e., (1) School Enrolled and (2) Out of School CWSN. Group (1) is further divided into (a) Accessible (b) Infrastructural Problems (c) Teaching Methodology problems, and Group (2) is divided into (a) Infrastructural problems (b) Teaching Methodology Problems (c) Unexpected Illness (d) Problems in family relationships and (e) Teacher's denial. The responses of children with special needs show the variety of access problems they are facing /faced in the school. The highest represented problem is infrastructural facilities in the

school. It includes lack of ramps, railings, comfortable benches in the class, long distance and lack of toilet and water facilities. These problems are particularly faced by Orthopedic Impairment category children. The second highest problem facing in the school is teaching methodology, which is not appropriate to the needs of the children. The regular class room teaching methodology is being used for all the students. As result, special needs children could not learn on par with their peer group. This problem has impacted 34 percent of children with special needs in the sample from Visual Impairment, Hearing Impairment, and Mentally Retardation categories. Another problem which had impact on children with special needs is teacher's denial to admit them in school. Around 3.4 percent of children are denied admission in regular school. The teachers opine that the enrollment of children with special needs in regular schools is of no use and it would be a big mess in the class. The teachers' perception on children with special needs seems to be a big problem in the process of inclusive education. Underestimating the potential of children with special needs without providing appropriate training reveals the stigma built around disability and inability of teachers to deal with such children.

The problems like 'un-expected illness' and 'problems in family relationships' are limited to 'out of school children' only. Former is a feature of cerebral palsy and later is individual's understanding about society. Due to the sudden illness, parents are afraid to send their children to school because they are not ready to bear further consequences. Regarding family relationships, individuals are not aware of the consequences and they are engaged in continuous conflicts. It resulted in physical assaults and psychological depression to mothers and which in turn impacted the child's health and growth. There are few children with special needs, from Visual Impairment and Orthopedical Impairment categories, opined that they do not have any problems in the school and they are comfortable with whatever they have. They constitute around 10 percent of the sample. Finally, it is understood from the study that the majority of children with special needs have problems in accessing the schools. Without addressing such questions, it would be a tough job to continue the practice of inclusive education with reference to special needs education.

The Bar Diagram 5.4 attempts to understand children with special needs' stay in school along with their peer group's support. Peer group occupies an important role in the society because they are mirrors of the society. Their interaction with children with special needs is the training they have received from family and teachers. On the other side, friends play a crucial role in learning process apart from the classroom learning. Hence, the researcher has attempted to understand children with special needs attitude towards their friends. Children with special needs from all categories expressed that their friends are supportive. Only 6.9 percent of Othopedical Impairment category children expressed that their friends are not supportive to them.

Bar Diagram 5.4: CWSN and Their Peer Group Support
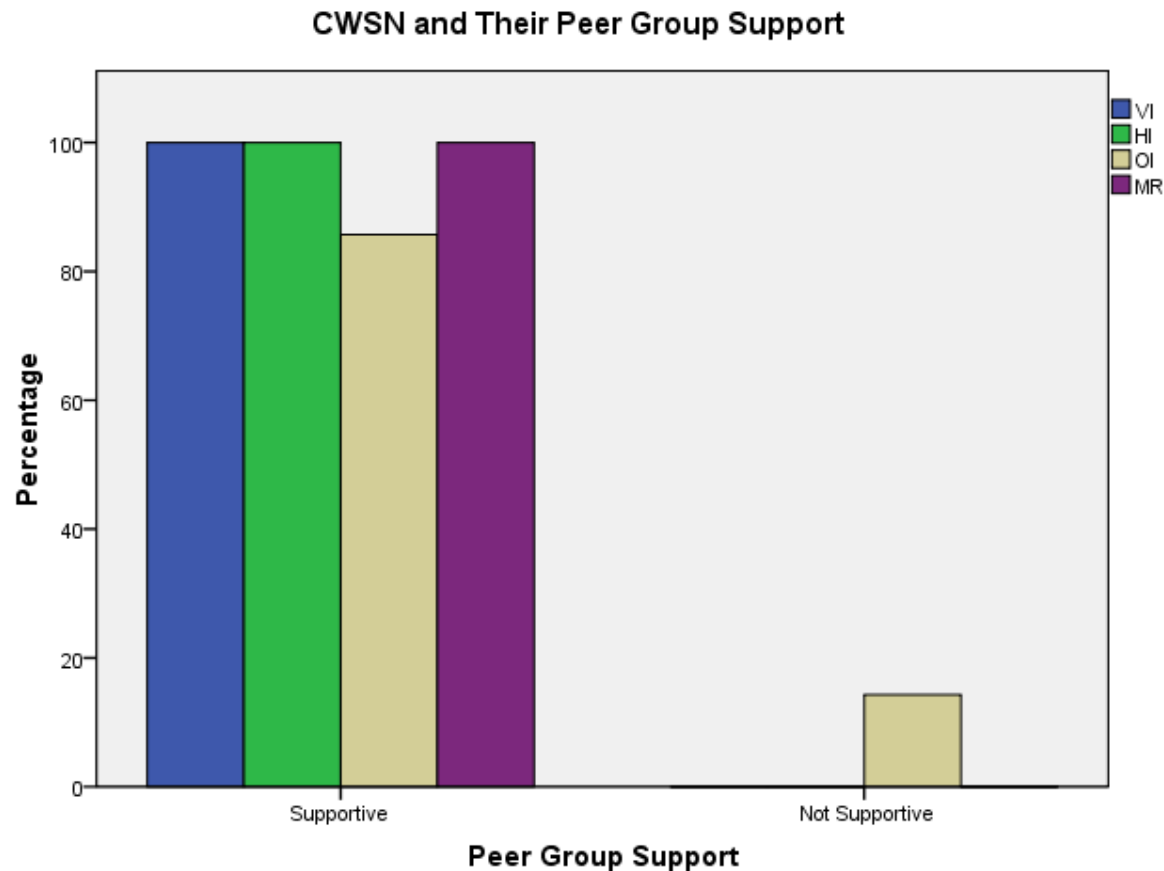
The support given by friends to children with special needs can be understood as non-disagreement, spending time while playing, carrying school bags, being with

them while going to toilet and drinking water, whereas 'non-support' is not helping or not responding when children with special needs require the support. This was found only in Orthopedically Impaired category because they needed support while moving from one place to another place. This critical condition may not be understood by the peer group also. As a whole, it is understood that other children do not have problems with children with special needs.

Diagram 5.5: CWSN and Support from Parents

CWSN and Support from Parents
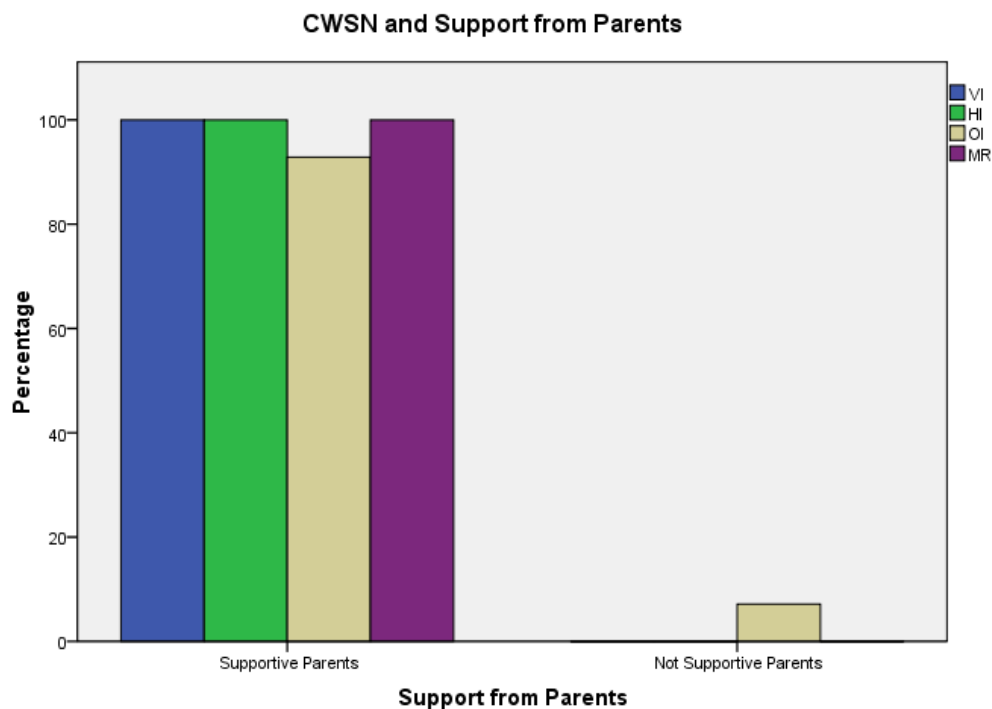
The Bar Diagram 5.5 is an attempt to understand the support received by children with special needs from parents. The study has revealed that the parents have neglected children with special needs in some cases. The conditions of a child would be very pathetic if he /she is neglected by family and society. The study shows a minor percentage of parents from Orthopedical Impairment category children having such experiences while rest of the parents are showing good support to their children. The basic reason for negligence by parents is stigma around disability and burden of poverty. Contrary to it, some parents show additional love towards children with special needs than a normal child. They try to support the children in the ways they

can. Many a times, caring children with special needs is beyond the capacities of parents but they never stepped back from caring. The parents are expecting only good support in terms of medical, educational and financial from the government. Most of the parents are unaware of the present provisions given by government towards special needs education.

Hence, it is required to create awareness among parents so that they understand the capacities of children with special needs and then they will be confident to take further steps to support their children. The parents are also afraid of meeting government officials regularly because they would lose their daily lively hood, which is important for whole family. There are some financial support (Travelling allowance) given by Sarva Shiksha Abhiyan to attend meetings at district headquarters but parents are not satisfied with that. So, their caring at the domestic level is praiseworthy, but outside it is not satisfactory.

Diagram 5.6: CWSN Experiences with IERT

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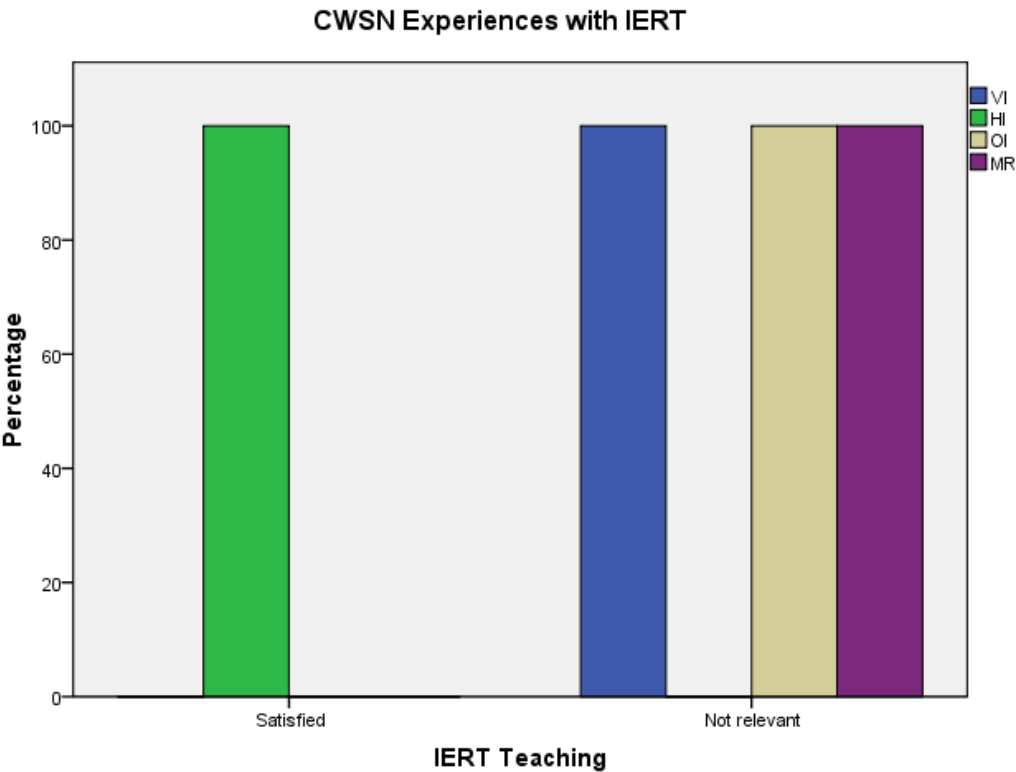
The Bar Diagram 5.6 is an attempt to know children with special needs views on Inclusive Education Resource Teacher (IERT) and their work. The IERT is appointed for a mandal and his duty is to visit selected children with special needs, on regular intervals (once in a week) for 10 months. The Bar Diagram shows two different views on Inclusive Education Resource Teachers (IERT) visit i.e., (1) Satisfied (2) Not relevant. 'Satisfied' indicates that the children with special needs are selected under Home Based Education (HBE) and Inclusive Education Resource Teacher had visited their home. It conveys that the particular children with special needs are satisfied with the interaction of the Inclusive Education Resource Teacher. 'Not relevant' indicates that children with special needs are never selected under Home Based Education and did not know anything about Inclusive Education Resource Teacher.

The study says that around 97 percent of the children with special needs did not know about Inclusive Education Resource Teacher and remaining three percent had good experience with Inclusive Education Resource Teacher. The probable reason for not covering under Home Based Education is because of its concentration on severe and profound disability children than mild and moderately-affected children. They would have considered all the above students under mild and moderately disabled category and excluded them from IERT. But in reality, there are many severe and profound disability students in the sample who need the support from specially trained teachers.

The Bar Diagram 5.7 represents the availability of Resource Room to special needs students in the school. Resource Room is a separate room in the school with specially trained teacher made available along with the necessary equipment needed for the children. It includes class room apparatus as well as appliances used by special needs children. Among 29 children with special needs, only 3.4 percent of the children with special needs have resource room facility. This Resource Room is located in a special school where the child with special needs is enrolled.

Diagram 5.7: Availability of Resource Room to CWSN

Availability of Resource Room to CWSN
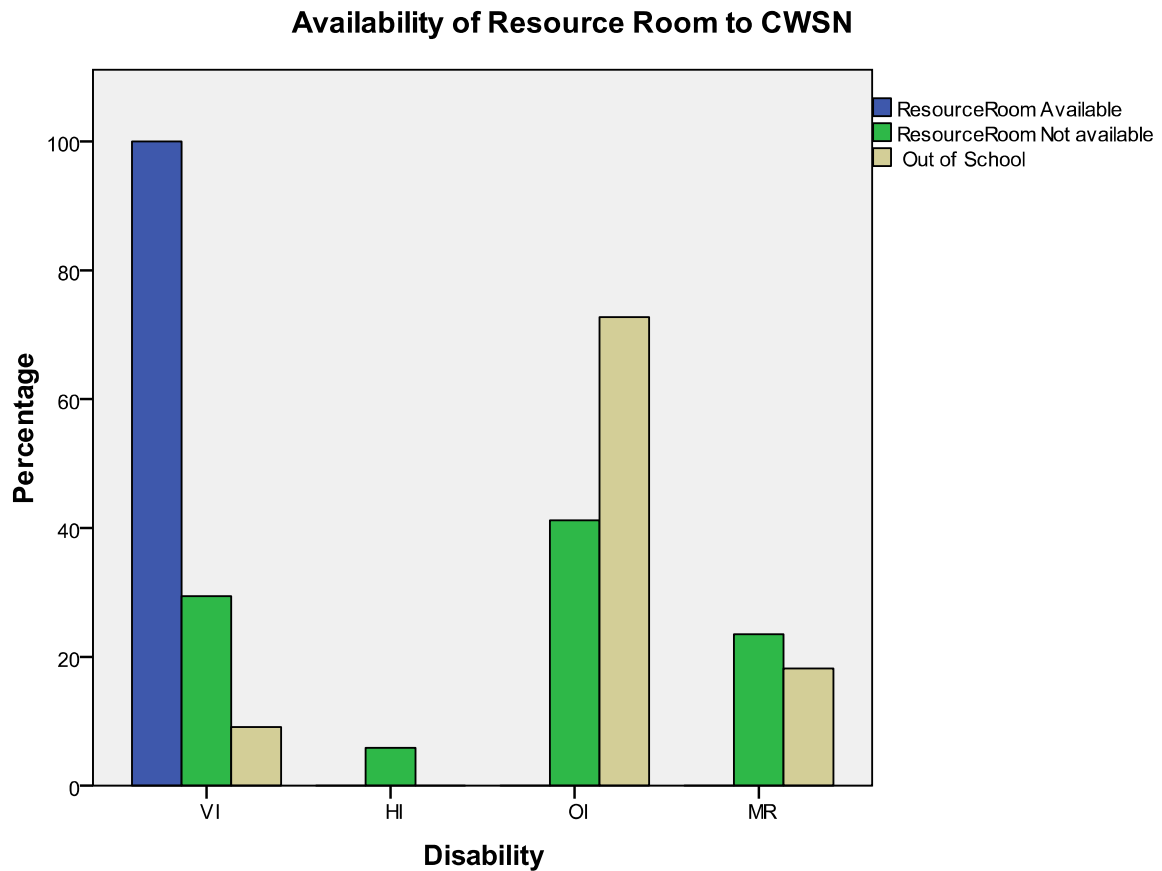
The study reveals that all school enrolled children with special needs are without Resource Rooms. Either teachers or administrators in the particular area had no idea about Resource Rooms. It appears that special needs education is not an important aspect for grass root levels administrators. The mention of a Resource Room was never made part of any formal or informal conversation of the teachers' meetings. Then, it is obvious to have teachers without the knowledge of teaching special needs children. There is a great need to sensitize inclusive education with reference to special needs children from top to bottom in the system.

Diagram 5.8: CWSN Awareness on Government Policies

CWSN Awareness on Government Policies
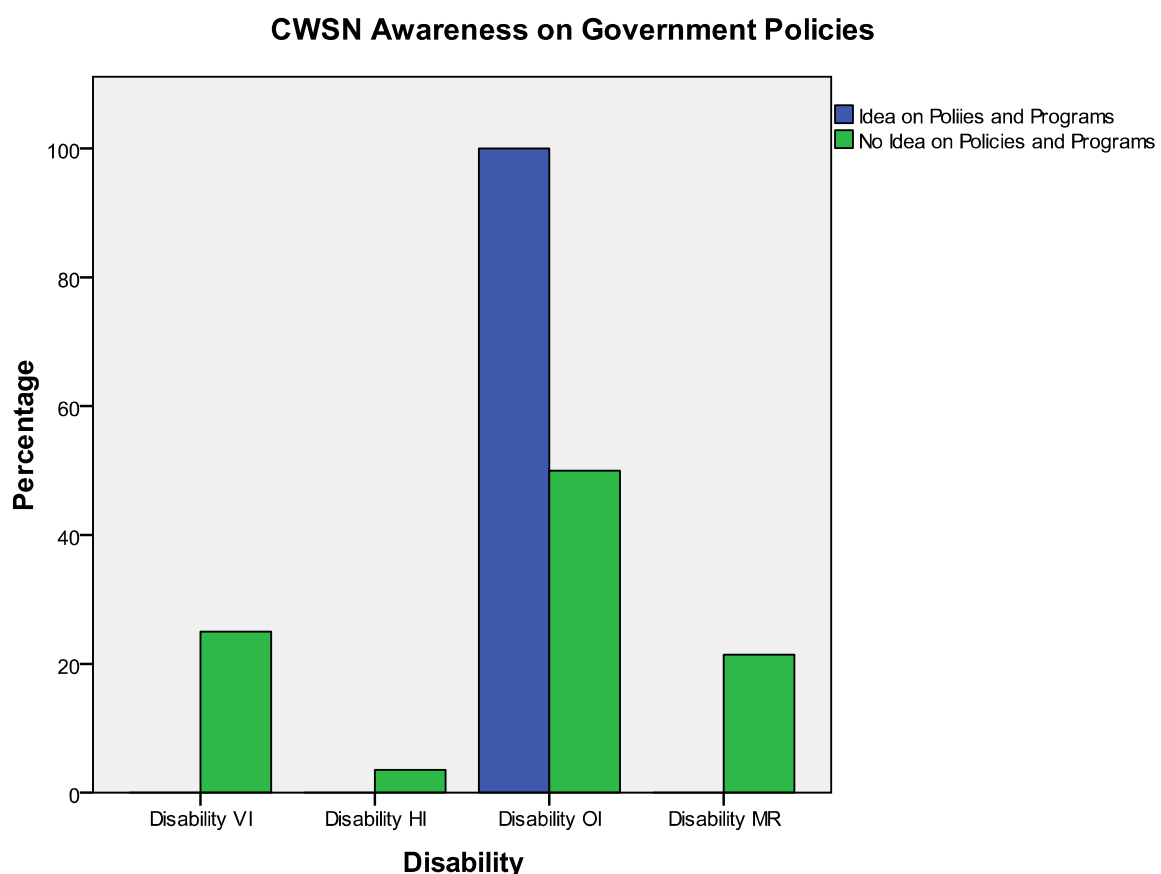
The Bar Diagram 5.8 is an attempt to know the awareness levels of the children with special needs regarding government policies and programs for their welfare. It includes medical facilities, educational facilities, financial supports, aides and appliances and etc. The cognitive growth or the general knowledge of children with special needs is not up to the expected level. Very few children from Orthopedically Impaired categories said they had no clear idea but majority of CWSN said that they did not have any idea about government policies and program. The study reveals that proper public awareness campaigns are not organized either for parents or for children.

Diagram 5.9: CWSN in Co-curricular Activities

CWSN in Co-curricular Activities
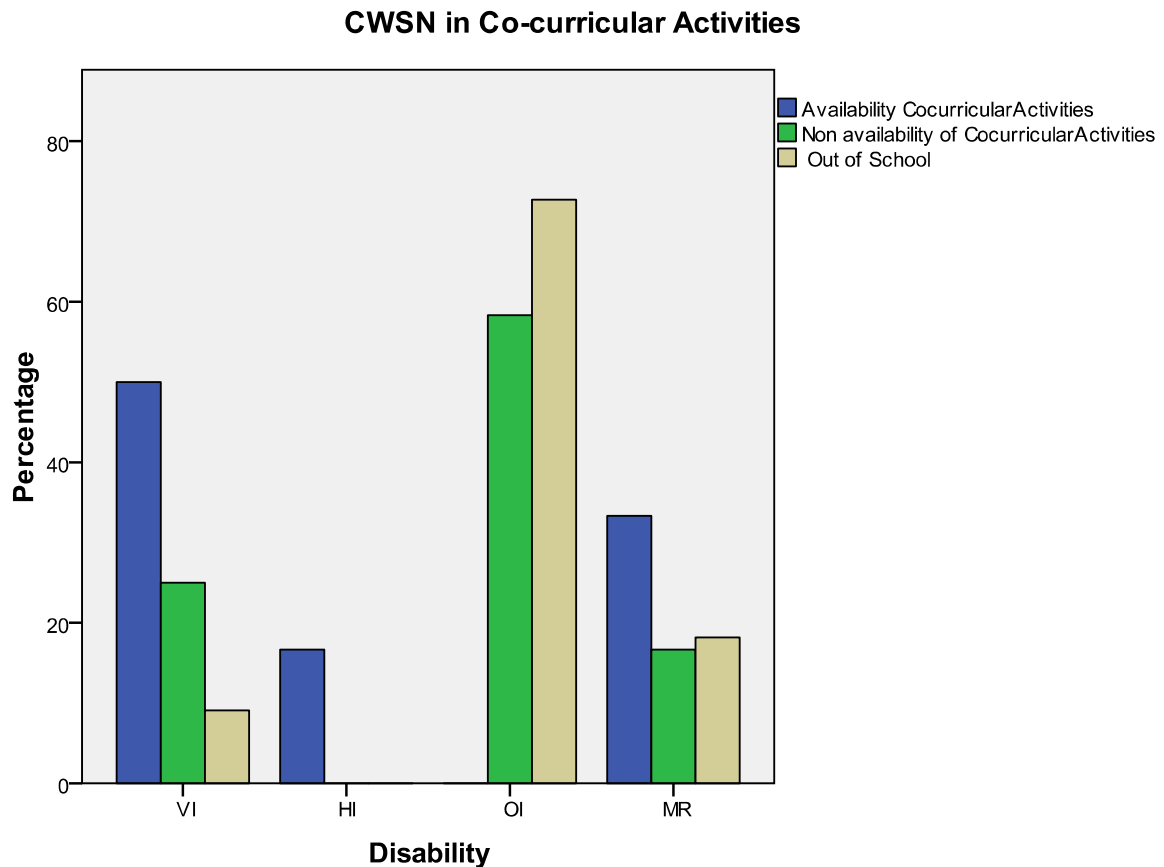
The Bar Diagram 5.9 is an attempt to know about co-curricular activities in school and children with special needs taking part in it. The co-curricular activities in the selected village schools are not designed by any one. It was the common understanding of plays like hide and seek, kabaddi, kho-kho, jumping on single leg to touch other person, running and so on. Involvement in co-curricular activities showed their interest in activities and physical ability to play. Among the school enrolled students, only 20.7 percent of the children with special needs took part in co-curricular activities in their schools and 41.4 percent of the children with special needs did not take part in co-curricular activities. Most of the schools did not appoint a games teacher. Wherever he was appointed, he did not know how to involve special needs children in games. Those children with special needs who managed to play with other children enjoyed very well. Rest of them either watched others play or did not

concentrate on the games. The study reveals that there is no focus on physical development of the children which would help their mental growth.

Diagram - 5.10: Access to Toilet facilities in Schools

Access to Toilet facilities in Schools
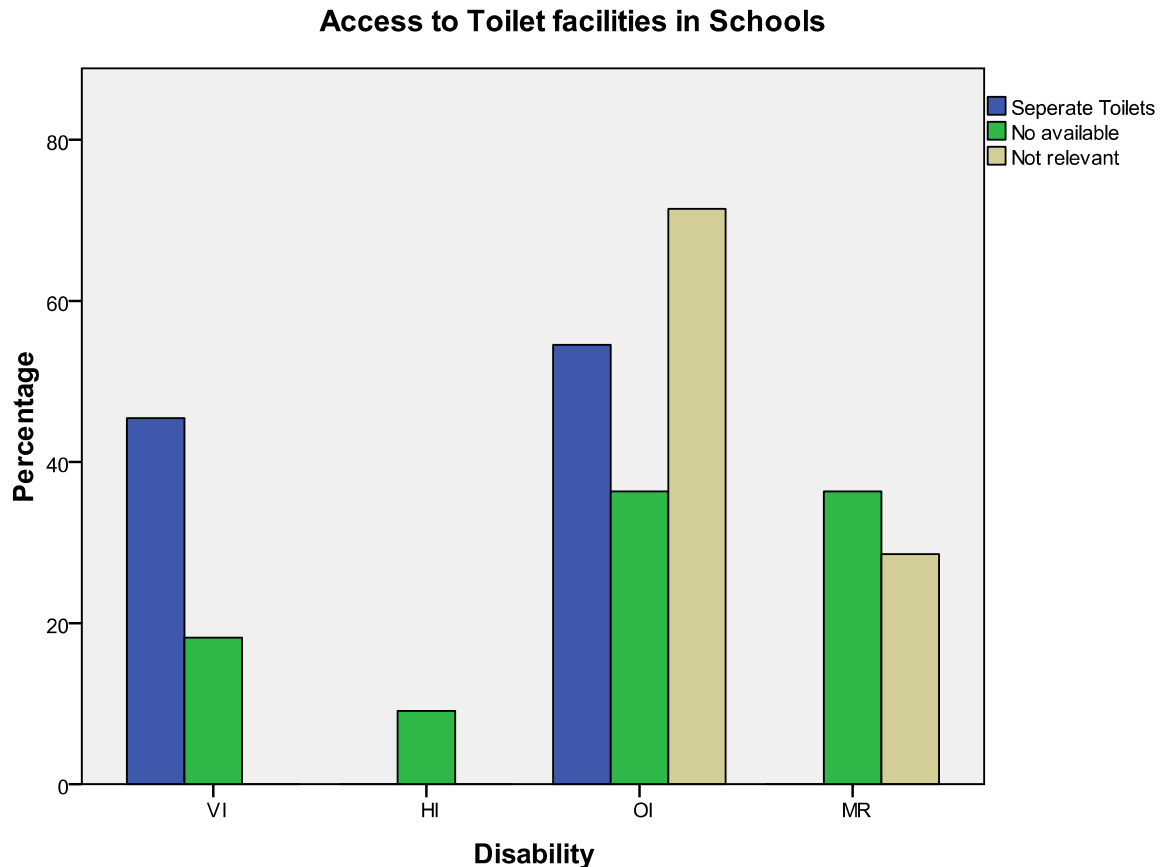
The Bar Diagram 5.10 represents the availability and access to toilet facilities in their schools. It is also an attempt to know availability of separate toilets for boys and girls. The study shows that only around one-third of children with special needs are having separate toilet facilities for boys and girls and similar percent of children with special needs did not have toilet facilities in their schools. The study reveals that the basic minimum facilities are not taken care in schools. The distance between the toilet and classroom are long for children with special needs. The existing toilets are not designed for children with special needs. The concerns of normal children are also not addressed in regular school in terms of toilets. There is an immediate need of constructing accessible toilets for normal children and children with special needs.

Diagram: 5.11 Aspirations of the CWSN

Aspirations of the CWSN
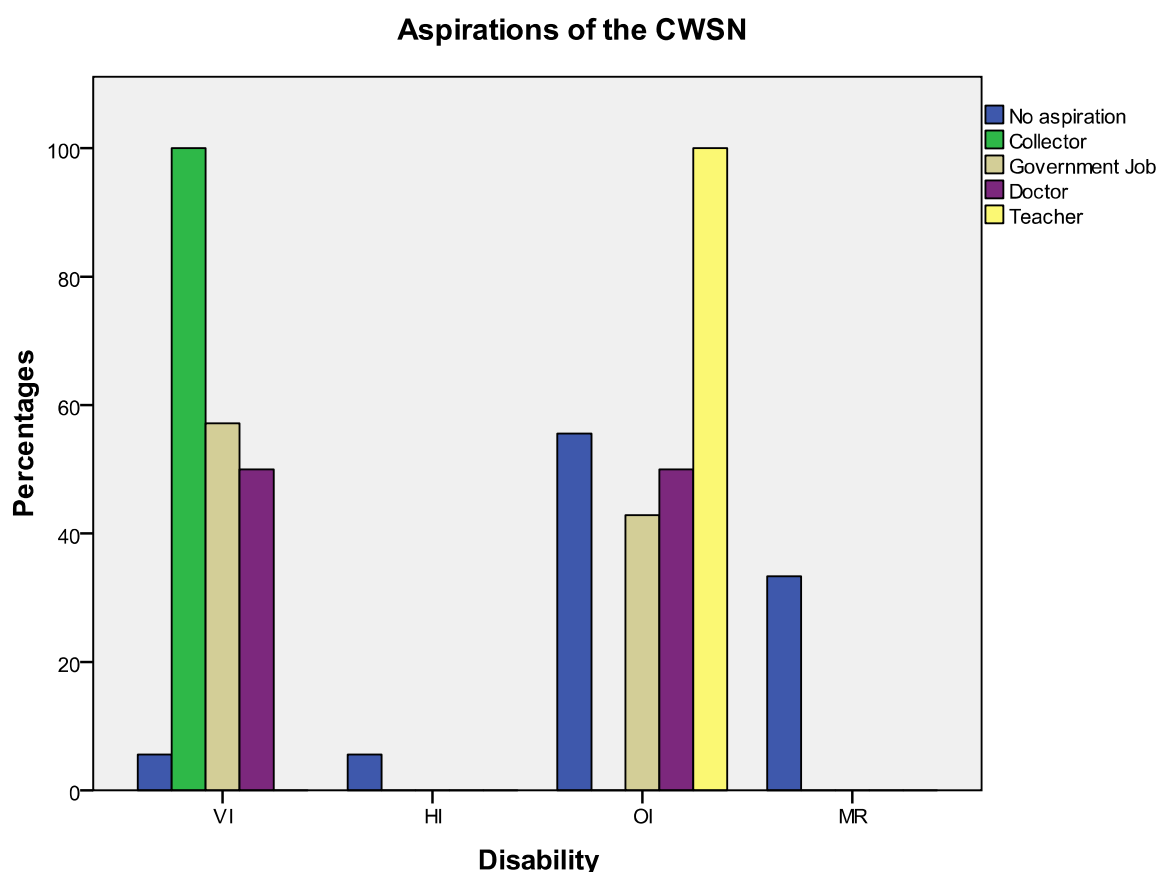
The Bar Diagram 5.11 represents the aspirations of the special needs children. It is an attempt to know their plans and understand the purpose of education. The children with special needs from primary education to Junior college are examined. The sample shows that children with special needs aspired to become collectors, doctors, teachers, or hold government jobs and some children are without any aspirations. Their aspirations are examined with the support of their qualifications. Nearly 7.1 percent of children with special needs would like to become collectors, 6.9 percent are looking forward to become doctors, and 9.1 percent for teachers and 24.1 percent are waiting for any government job.

Those who aspired to become collectors are from elementary education and the teacher aspirants are from primary education. Among the doctor aspirants, 9.1 percent are from primary education, 20 percent from high school, and half of the intermediate

education children. The government job aspirants are 9.1 percent from primary education, 7.1 percent from elementary education, and 20 percent of children from high school education. A major percentage of 62.1 percent of CWSN had no aspirations in their life. They are 72.7 percent from primary level, 85.7 percent from elementary level, 60 percent children with special needs from High School level, and 37.5 percent from Junior College level education. To elaborate, some of children with special needs are not in a position to understand and answer such questions and some of them are completely away from such conversations of life and settlement. The study reveals that most of the children with special needs are not confident to aspire for jobs. The learning process is poor and it did not encourage them to aspire further. The children with special needs struggled to overcome the problems in the school. The real process of learning according to their needs have not yet started in regular schools. The aspirations will be low as long as the learning process is slow.

Experiences of children with special needs have identified the limitations in Inclusive Education with reference to special needs education. Though, students were enrolled in regular schools, the purpose was not achieved. Inappropriate teaching methodologies, lack of transport system, lack of sensitivity and training to teachers and administrators, lack awareness by parents and financial weakness are obstacles to inclusive education. Identification of problems and skills of child with disability was not properly estimated. Though, parents and peer groups supported in their own way, lack of scientific understanding of the problems the CWSN could not enjoy the full benefits.

Part II: Experiences of Teachers in Regular Schools

Part – II is a response from the general teachers working in regular schools. It is an attempt to understand the teacher's attitude towards the special needs children in an inclusive setup. It is also to identify the technology they have used to support the children with special needs in terms of teaching methodology, peer group interaction and providing accessible environment. All these teachers are the caretakers or class teachers of children with special needs. The selection of the teachers is made through children with special needs enrolled in schools. As mentioned earlier, only 18 children

with special needs are enrolled in regular schools out of the total sample (90). The researcher visited the children with special needs enrolled in schools and their teachers are interviewed with the support of the respective head master. The total number of teachers interviewed is nine from seven villages. All the teachers, the researcher visited, are not trained to deal with children with special needs; the teachers practiced their own methods to deal with the children with special needs.

Total 5.7: Age and Work Place of Teachers

Village	Age				Total
	26-30	31-35	41-45	46-50	
Alamuru	0	0	1 (33.3)	1 (33.3)	2 (22.2)
Chintaluru	0	1 (50.0)	0	0	1 (11.11)
Mandapeta	1 (100.0)	1 (50.0)	0	0	2 (22.2)
Dwarapudi	0	0	1 (33.3)	0	1 (11.11)
Gorripudi	0	0	0	1 (33.3)	1 (11.11)
Penuguduru	0	0	1 (33.3)	0	1 (11.11)
Velangi	0	0	0	1 (33.3)	1 (11.11)
Total	1 (100.0)	2 (100.0)	3 (100)	3 (100)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

The Table 5.7 represents the age and working place of teachers in the regular schools. The school-going children are found in seven villages and the teachers' age is classified into four groups according to availability. The lower limit is 26 years and upper limit is 50 years. The study shows that about 11.11 percent teachers belong to 26-30 age group, 22.22 percent to 31-35 age group and 33.33 percent to 41-45 age group and 46-50 age groups. The majority of teachers are in 41-50 age groups.

When analysed the experience of teacher it is revealed that the minimum experience of a teacher was 2 years and the maximum experience of a teacher was 30 years. Among them, 1/3rd of the teachers are having below 10 years of experience, 44.4 percent of the teachers are having below 20 years of experience, and 22.2 percent of teachers are having below 30 years of experience in teaching. Most of the teachers have considerable experience in teaching. The study attempted to understand the different strategies used by the teachers in the backdrop of their experiences.

The study shows that their age and experience did not make much difference in teaching special needs children. They are carried away by the societal notions of disability rather than methodology of teaching. Hence, they have shown sympathy, concern, hatred and rejection towards special needs instead of enhancing their skills in inclusive environment.

Table: 5.8 Castes and Qualification of Teachers

Caste	Qualification						Total
	BSC, B.Ed.	BA	MSC, B.Ed.	BA, B.Ed.	B.com, B.Ed.	M.com, B.Ed.	
SC	0	0	0	1 (11.1)	1 (11.1)	0	2 (22.2)
BC	1 (11.1)	1 (11.1)	0	0	0	1 (11.1)	3 (33.3)
OC	2 (22.2)	0	1 (11.1)	1 (11.1)	0	0	4 (44.4)
Total	3 (33.3)	1 (11.1)	1 (11.1)	2 (22.2)	1 (11.1)	1 (11.1)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table: 5.8 represent the caste and qualifications of teachers in regular schools. It is an attempt to infer the role of qualification and caste in understanding and handling children with special needs. The qualification of the teachers is classified into six categories. The lowest qualification is graduation and highest qualification is post-graduation. Among them, 20 percent of the teachers are post-graduates, 10 percent of the teachers are graduates and around 3/4th of the teachers are graduates with Bachelor of Education. The teachers from science background constituted 44.4 percent, arts background constituted 33.3 percent and commerce background constituted 22.2 percent.

The highest percent of teachers are found in OC category and lowest are in SC category. The study says that none of the qualifications, caste, and age made a difference in educating a child with special needs. It did not help them to think in terms of special needs education. The experienced teachers expressed dissatisfaction with the present system of education with reference to special needs education and

younger generations do not have any idea about it. The young teachers are enthusiastic to learn if they got an opportunity.

Table: 5.9 Teachers - Students' Ratio

Village	Teacher: Student ratio				Total
	1:40	1:35	1:20	1:14	
Alamuru	2 (22.2)	0	0	0	2 (22.2)
Chintaluru	0	0	0	1 (11.1)	1 (11.1)
Mandapeta	0	0	1 (11.1)	1 (11.1)	2 (22.2)
Dwarapudi	1 (11.1)	0	0	0	1 (11.1)
Gorripudi	0	1 (11.1)	0	0	1 (11.1)
Penuguduru	1 (11.1)	0	0	0	1 (11.1)
Velangi	0	1 (11.1)	0	0	1 (11.1)
Total	4 (44.4)	2 (22.2)	1 (11.1)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.9 represents the existing teacher-student ratio in schools. The present ratio of teacher and students is different from place to place and class to class. The table is classified into four categories based on the observation. The teachers from Alamuru, Dwarapudi and Penugudu villages are having 40 students per teacher, teachers from Gorripudi and Velangi villages have 35 students, teachers from Mandapeta are having 20 students per teacher and teachers from Chintaluru village was having 14 students.

As a whole, 44.4 percent of them have 1:40 ratio, 22.2 percent have 1:35 ratio, 11.1 percent have 1:20 ratio and 22.2 percent have 1:14 ratio of teacher and student. The study reveals that some teachers had fewer responsibilities and some had heavy burden due to the variations in teacher student ratio.

Table 5.10 represents the teacher's opinion on best teacher and student's ratio in the school. The table is classified into three categories based on the views of the teachers. The lowest ratio expressed was 1:25 and highest ratio was 1:40. The teachers from Alamuru, Chintaluru and Gorripudi opined that the best teacher students' ration should be 1:25, Teachers from Alamuru, Mandapeta, Dwarapudi, Gorripudi and Penuguduru opined that the ratio should be 1:30 and teachers from Mandapeta and Velangi opined that the ration should be 1:40.

Table: 5.10 Views on Best Teacher-Student's ratio

Village	Teacher: Students			Total
	1:25	1:30	1:40	
Alamuru	1 (11.1)	1 (11.1)	0	2 (22.2)
Chintaluru	1 (11.1)	0	0	1 (11.1)
Mandapeta	0	1 (11.1)	1 (11.1)	2 (22.2)
Dwarapudi	0	1 (11.1)	0	1 (11.1)
Gorripudi	1 (11.1)	0	0	1 (11.1)
Penuguduru	0	1 (11.1)	0	1 (11.1)
Velangi	0	0	1 (11.1)	1 (11.1)
Total	3 (33.3)	4 (44.4)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

As a whole 33.3 percent teacher favoured 1:40, 44.4 percent teachers favoured 1:30 and 22.2 percent teachers favoured 1:40 ratio of teacher and students. The study reveals that teachers did not share a common view on the student-teacher ratio.

Table: 5.11 Teaching Methodology

Village	Teaching Methodology		Total
	Using LEP	Using Self Method	
Alamuru	1 (11.1)	1 (11.1)	2 (22.2)
Chintaluru	1 (11.1)	0	1 (11.1)
Mandapeta	2 (22.2)	0	2 (22.2)
Dwarapudi	1 (11.1)	0	1 (11.1)
Gorripudi	0	1 (11.1)	1 (11.1)
Penuguduru	1 (11.1)	0	1 (11.1)
Velangi	1 (11.1)	0	1 (11.1)
Total	7 (77.8)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.11 is an attempt to understand the teaching methodology practiced by teachers to handle children with special needs. There are two methodologies practiced by teachers. They are (1) Learning Enhancement Program (LEP) and (2) Using their self method. LEP is a method instructed by Sarva Shiksha Abihyan to identify abilities and inabilities of children and to plan the teaching methods accordingly. The study reveals that 77.8 percent of the teachers followed government guidelines to identify the special needs children. They applied the same methodology to both special needs

children and other children. Only 22.2 percent of the teachers used a methodology on the basis of a student's needs and capabilities. A proper implementation of LEP would give a good understanding of a student, but it is not been applied aptly. Hence, majority of the teachers are unaware about the special needs of children.

Table: 5.12 Teacher's Perception on Disability

Village	Perception on Disability			Total
	Problem	God's Creation	Problem only for bodily organs	
Alamuru	1 (11.1)	1 (11.1)	0	2 (22.2)
Chintaluru	0	1 (11.1)	0	1 (11.1)
Mandapeta	1 (11.1)	1 (11.1)	0	2 (22.2)
Dwarapudi	0	1 (11.1)	0	1 (11.1)
Gorripudi	0	1 (11.1)	0	1 (11.1)
Penuguduru	0	0	1 (11.1)	1 (11.1)
Velangi	0	0	1 (11.1)	1 (11.1)
Total	2 (22.2)	5 (55.6)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.12 is an attempt to understand the teacher's perception on disability. The teachers' perception on disability makes a big difference in handling children with special needs in inclusive education. The sample is classified into three perceptions according to the teachers. Around 50 percent of teachers opined that disability is God's creation based on their acts in their previous life. Approximately one-fourth of the teachers opined that disability is a problem, and rest of the one-fourth teachers opined that disability is a problem to bodily organs which can be solved with support from the society.

The study reveals that the teachers do not have inclusive education perception/ orientation. Their understanding of disability is conventional. They are unaware of the recent developments in the field of disability and human rights. Hence, all the teachers opined that disability is either a medical problem or God's creation and they neglect the social model and rights model perceptions. The shift in teachers' perception would

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give the expected results of inclusive education with reference to children with special needs.

Table: 5.13 Teacher Spending Time on Children with Special Needs

Village	Time for CWSN		Total
	Free time	No time	
Alamuru	0	2 (22.2)	2 (22.2)
Chintaluru	1 (11.1)	0	1 (11.1)
Mandapeta	2 (22.2)	0	2 (22.2)
Dwarapudi	1 (11.1)	0	1 (11.1)
Gorripudi	1 (11.1)	0	1 (11.1)
Penuguduru	1 (11.1)	0	1 (11.1)
Velangi	1 (11.1)	0	1 (11.1)
Total	7 (77.8)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.13 is an attempt to understand the time spared by teachers towards children with special needs. It is important to understand because children with special needs need extra time in teaching and learning. Providing extra time will improve the learning standards of children with special needs. It is understood from the study that 77.8 percent of the teachers gave their free time for children with special needs. Generally, a teacher with free time is not a regular process in class. Rest of the teachers (22.2 percent) made it clear that they did not have extra time to teach special needs children.

The study reveals that special care was not taken by some teachers. Though they empathized with children with special needs, but their answers to particular questions revealed that they are not interested in special needs education in regular schools.

Table: 5.14 Teachers Creating Conducive Atmosphere

Village	Motivating the peer group			Total
	Explaining the difference	Teaching Humanity	Creating Sympathy	
Alamuru	0	0	2 (22.2)	2 (22.2)
Chintaluru	1 (11.1)	0	0	1 (11.1)
Mandapeta	0	1 (11.1)	1 (11.1)	2 (22.2)
Dwarapudi	0	1 (11.1)	0	1 (11.1)
Gorripudi	1 (11.1)	0	0	1 (11.1)
Penuguduru	0	0	1 (11.1)	1 (11.1)
Velangi	1 (11.1)	0	0	1 (11.1)
Total	3 (33.3)	2 (22.2)	4 (44.4)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.14 is an attempt to understand the teacher's role in creating a cordial atmosphere for children with special needs. They are explaining the difference; teaching humanity, and creating sympathy. It is the responsibility of the teacher to create a peer group for children with special needs, so that they could enjoy their school time by not being alone. It is also important to cultivate the students to live with difference without making the difference. There are three kinds of atmosphere created by teachers towards children with special needs in schools.

To elaborate, 44.4 percent of the teachers are creating sympathy, 1/3rd of the teachers are explaining the difference between normalcy and disability. There are three kinds of atmosphere created by teachers towards children with special needs and normal children so that they can understand their friends, and rest of the 22.2 percent of teachers is teaching humanness to their peer groups. The study reveals that majority of the teachers did not have a proper understanding about children with special needs and teachers involved and teacher who explained the difference spoke about the limitations of children with special needs but not about their abilities. They have also tried to create sympathy among normal children towards special needs children. As a result, they could not create an appropriate environment for special needs children.

Table: 5.15 Teacher's Difficulties While Teaching CWSN

Village	Difficulties while teaching CWSN			Total
	Not possible to deal in the class	Cannot understand teaching	Could not teach the way they need	
Alamuru	1 (11.1)	0	1 (11.1)	2 (22.2)
Chintaluru	0	1 (11.1)	0	1 (11.1)
Mandapeta	0	2 (22.2)	0	2 (22.2)
Dwarapudi	0	0	1 (11.1)	1 (11.1)
Gorripudi	1 (11.1)	0	0	1 (11.1)
Penuguduru	0	1 (11.1)	0	1 (11.1)
Velangi	1 (11.1)	0	0	1 (11.1)
Total	3 (33.3)	4 (44.4)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.15 is an attempt to understand the difficulties faced by teachers while teaching children with special needs. It is also to understand whether the teachers found it a challenge or a burden. The teacher's problems are classified into three categories. The highest percentages of teachers opined that the children with special needs could not understand their class room teachings. One-third of the teachers opined that dealing with children with special needs in general classroom is an impossible task, and rest of the teachers expressed their inability to teach children with special needs. This shows that the teachers have a difficulty in communicating to children with special needs.

Table: 5.16 Teacher's Knowledge about Inclusive Education

Village	Knowledge on Inclusive Education		Total
	Do not know	Do not have clear idea	
Alamuru	1 (11.1)	1 (11.1)	2 (22.2)
Chintaluru	1 (11.1)	0	1 (11.1)
Mandapeta	1 (11.1)	1 (11.1)	2 (22.2)
Dwarapudi	1 (11.1)	0	1 (11.1)
Gorripudi	1 (11.1)	0	1 (11.1)
Penuguduru	1 (11.1)	0	1 (11.1)
Velangi	1 (11.1)	0	1 (11.1)
Total	7 (77.8)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.16 is an attempt to understand the teacher's knowledge on Inclusive Education in relation to children with special needs. It is also an attempt to know the frequency of mentioning special needs education in their trainings, meetings to

promote inclusive education. Inclusive Education is the most commonly used word in contemporary education. The study reveals that more than one-third of teachers do not know anything about Inclusive Education. Nearly one- fourth of the teachers have heard about Inclusive Education but they do not have a clear idea about it. Finally, none of the teachers have any awareness regarding Inclusive Education with reference to special needs children.

Table: 5.17Teacher's Knowledge about CWSN policies

Village	Knowledge on CWSN policies		Total
	Idea	No Idea	
Alamuru	0	2 (22.2)	2 (22.2)
Chintaluru	0	1 (11.1)	1 (11.1)
Mandapeta	0	2 (22.2)	2 (22.2)
Dwarapudi	0	1 (11.1)	1 (11.1)
Gorripudi	0	1 (11.1)	1 (11.1)
Penuguduru	0	1 (11.1)	1 (11.1)
Velangi	0	1 (11.1)	1 (11.1)
Total	0	9 (100)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.17 is an attempt to understand a teacher's knowledge on educational policies of children with special needs. The study reveals that 100 percent of the teachers do not have any idea about it. It is astonishing to note that they have never come across the state ought idea of what to be done to children with special needs. This expression of teachers reveals that the governing authorities of education are not successful in communicating the actual intention of the state in enhancing the skills of children with special needs.

On the other hand, teachers are also not very much interested in learning new methods or not ready to practice new initiatives of the state. They feel that the state is burdening them with additional work. Hence, the study reveals that the importance given by the state towards special needs education is minimal.

Table: 5.18 Present Methodologies to Identify CWSN

Village	Methodology to Identify CWSN			Total
	SSA style	Own Strategy	Peers information	
Alamuru	1 (11.1)	0	1 (11.1)	2 (22.2)
Chintaluru	0	1 (11.1)	0	1 (11.1)
Mandapeta	1 (11.1)	1 (11.1)	0	2 (22.2)
Dwarapudi	1 (11.1)	0	0	1 (11.1)
Gorripudi	0	1 (11.1)	0	1 (11.1)
Penuguduru	0	0	1 (11.1)	1 (11.1)
Velangi	0	1 (11.1)	0	1 (11.1)
Total	3 (33.3)	4 (44.4)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.18 is an attempt to understand the methodologies used by teachers to identify children with special needs in the class. There are three methods in practice for the purpose. They are (1) SSA style (2) Own Strategy and (3) Peers Information. SSA methodology has a manual and it consists of different steps to identify all the abilities and inabilities of children. It includes vision, hearing, orthopedical, writing, and learning difficulties. This method is followed by 1/3rd of the teachers in the sample. The Own strategy is a personal observation of a teacher towards a child. Though it is not scientifically accepted, 44.4 percent of the teachers follow this method. There are another group of teachers who depend on peer information about a child's difficulties. Approximately 22.2 percent of the teachers follow this method. The study reveals that there are 1/3rd of the teachers trying to follow SSA methodology. According to which an identification camps is conducted in one schools or for group schools and classify them according to their problem, cognitive growth and abilities. But teachers are not oriented to identify the disabilities particularly.

Table: 5.19 Suggestions to Overcome the Problems Regarding CWSN

Village	Methodology to overcome issues regarding CWSN			Total
	No Idea	Following Government Rules	Self Management Skills	
Alamuru	1 (11.1)	1 (11.1)	0	2 (22.2)
Chintaluru	0	0	1 (11.1)	1 (11.1)
Mandapeta	0	1 (11.1)	1 (11.1)	2 (22.2)
Dwarapudi	1 (11.1)	0	0	1 (11.1)
Gorripudi		1 (11.1)	0	1 (11.1)
Penuguduru	1 (11.1)	0	0	1 (11.1)
Velangi	0	1 (11.1)	0	1 (11.1)
Total	3 (33.3)	4 (44.4)	2 (22.2)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.19 represents the suggestions given by teachers to overcome the problems in teaching special needs children. The 44.4 percent of the teachers suggested that it would be good to follow government guidelines in relation to the specific problems and 22.2 percent of the teachers suggested that every teacher should develop his /her own skills to deal with such issues. But, 33.3 percent of the teachers did not have any idea about overcoming such problems. The study reveals that majority of them expected the government's instructions to implement the policies and programs and they are ready to learn if they are forced to implement the instructions.

Table: 5.20 IERT Advices to Teachers

Village	Advices to Teachers		Total
	Never Given	Given some times/ Irregular	
Alamuru	2 (22.2)	0	2 (22.2)
Chintaluru	1 (11.1)	0	1 (11.1)
Mandapeta	2 (22.2)	0	2 (22.2)
Dwarapudi	1 (11.1)	0	1 (11.1)
Gorripudi	0	1 (11.1)	1 (11.1)
Penuguduru	1 (11.1)	0	1 (11.1)
Velangi	1 (11.1)	0	1 (11.1)
Total	8 (88.9)	1 (11.1)	9 (100)

Source: Field study conducted during 2009-10,
Note: Figures in the Parentheses indicate percentages to the totals

Table 5.20 is an attempt to know the guidelines given by Inclusive Education Resource Teachers to other teachers. It is also part of Inclusive Education Resource Teacher's job to help the other teachers to teach the children with special needs.

Inclusive Education Resource Teachers is supposed to visit some of the schools once in a month. It is found that nearly 90 percent of teachers have never given any advice or counseling regarding special needs education. Only 11.1 percent have got advices from Inclusive Education Resource Teachers but it was not on regular basis. The study reveals that the special education processes are not implemented properly.

The role IERT in assisting the general teachers is not experienced by any CWSN in the sample. The CWSN have not got counseling regarding special needs children. The study reveals that the inclusive education policy implementation is not adequate to suit the existing needs.

Teacher's experiences with children with special needs have raised some important questions for further study. Their experiences and understandings are different from person to person and disability perception is missing among them. The teachers are not properly trained in teaching, identification, and no systemic orientation was given on special needs education. They did not share a common idea on teacher-student ratio, creating conducive atmosphere in the class, and also did not have an idea on inclusive education. They empathized with CWSN, but are against having them in regular schools. Finally, it is understood that the teachers would do certain things if they have strict instructions from the government. Hence, it is understood that the role of state is very important in implementing any public policy.

PART – III: Experiences of Inclusive Education Resource Teachers

Part III is an attempt to understand the role of Inclusive Education Resource Teachers [IERT] in the process of Universalization of Elementary Education. It is also an attempt to know the nature of job, impact of the job, difficulties in the job, and job satisfaction of the IERTs. The IERTs are appointed under Sarva Siksha Abhiyan [SSA] in each district. One IERT is appointed in each mandal. East Godavari district consists of 60 mandals but Inclusive Education Resource Teachers are available only in 32 mandals, at the time of research. The reason given by administration is that there is less number of availability of special teachers. The study has been conducted in four mandals of East Godavari district. But the researcher interviewed only three Inclusive

Education Resource Teachers because one Inclusive Education Resource Teacher had left the job and was not available.

The age of IERTs is varied from 29 to 44 years. The Alamuru IERT is highly experienced with 14 years (5y in SSA), The Mandapeta IERT has five years and Karapa IERT has four years of experience. The Alamuru IERT has M.A in Psychology, M.A in Social Work, B.Ed in Special Education and Diploma in Mental Retardation, The Mandapeta IERT has B.Sc, B.Ed and Special B.Ed in Hearing Impairement, and Karapa IERT has B.A and Special D.Ed in Visual Impairment as their educational qualifications. All of them are inspired by one of their family members or family circles to work in the field of special needs education.

All the Inclusive Education Resource Teachers are specialized in different areas. The Alamuru mandal IERT is trained in teaching Mentally Retarded children, Mandapeta mandal IERT is trained in teaching Hearing Imapied children and Karapa mandal IERT is trained in teaching Visually Impaired children. The Inclusive Education Resource Teachers also shared their opinion on defining disability, inclusive education, causes for the disability etc.

An IERT is supposed to choose 18 children in the mandal earlier but during the study the number is reduced to 15 children to give Home Based Education [HBE]. The primary job of an Inclusive Education Resource Teacher is to survey their respective mandal during summer holidays and should identify the special needs children in the mandal. Later, IERT is supposed to select severe /profound disabilities children for HBE. The main target set for them is to mainstream all the children in general schools during 10 months, i.e., June to April. They are expected to mainstream at least half of selected children with special needs.

The duty of an Inclusive Education Resource Teacher is to visit four children a day and should spend an hour or one and half hour with the child. Then every child would get one class in a week and four times a month. Also, an IERT should visit a school consisting at least five mainstreamed special needs children for remedial teaching.

This remedial teaching also includes counseling students as well as teachers involved in special needs children, if necessary, on monthly intervals.

As the needs are different from child to child, the main focus would be on daily activities, self help skills, psychological motivation and physiotherapy. Mental Retardation children need skill training, Visual Impairment children need Vision based teaching and Hearing Impairment children need touch-based teaching. It needs a regular practice, with these methodologies, to see the difference in children. The appliances needed are Braille kits, Walking Sticks, and Audio devices for Visually Impaired children needs; Hearing Machines, symbols and gestures related instruments, and sign language training for Hearing Impaired children; and Wheel Chairs, Calipers, Sticks and Barrier Free Constructions for Orthopedical Impairment category children while enrolling children with special needs into education. These appliances are provided by SSA, East Godavari with the recommendations of the respective Inclusive Education Resource Teachers.

Every mandal is appointed with one Inclusive Education Resource Teacher but he /she is supposed to deal with all the specializations in the mandal. Then every Inclusive Education Resource Teacher should have multi-skills to handle all categories. It was identified by SSA, and every Inclusive Education Resource Teacher is trained in 'Multi Category Training' twice in a year. This training enables them to teach all categories children with special needs. All the Inclusive Education Resource Teachers have been attending this training every year. As earlier said, Inclusive Education Resource Teachers have a choice to select the children with special needs, they are also given choice to select majority of the children from their own specialization and one child each from other categories. It is understood from the discussion with Inclusive Education Resource Teachers that the maximum benefit is received by children with special needs in their specialization rather than multi-category. The visit of Inclusive Education Resource Teacher should be witnessed by parents, the head master and Mandal Education Officer of that mandal. Hence, every Inclusive Education Resource Teacher carry registers to mark their attendance and they have

another register called 'child register' where they are supposed to record the daily activities and their teaching plans.

While examining the understanding of an Inclusive Education Resource Teacher regarding disability, three different views arise. They are (1) Disability as problem from birth, (2) Disability as social discrimination and (3) Disability as a physical problem. This difference in defining disability indicates that their training is based on a teaching skill but not understanding the whole concept. Similar different opinions occurred while discussing the cause for the disability. The Inclusive Education Resource Teacher from Alamuru mandal, trained to deal mentally retarded children, says that the causes for the disability are cross cousin marriages; the Inclusive Education Resource Teacher from Mandapeta mandal (trained to deal hearing impaired children) and Inclusive Education Resource Teacher from Karapa (trained to deal visually impaired children), says that disability is because of the poverty. According to them, poverty is seen as important reason causing disability because mothers lacked nutritious food and this affected their new born babies. The study reveals that social backwardness and economic backwardness also led to disability.

Discussions with IERTs reveal that, apart from the duties and responsibilities, they also have certain problems while teaching the children with special needs. Firstly, Non-cooperation from parents. The reasons are (a) they are ignorant about the benefits of inclusive education. They could not understand the skills taught by Inclusive Education Resource Teacher. Hence, they are careless in sending their child to class. Due to unawareness about inclusive education, parents keep children away from class when relatives visit them or children accompany parents out of town thereby missing class. Many a times, the scheduled time is being wasted on these reasons; (b) The parents who are daily laborers' could not spend their time with Inclusive Education Resource Teacher and (c) There are some parents who do not reveal disabilities of their children. They still carry the social stigma. They think that revealing about their child's disability will affect their social status. There are incidents where parents seriously objected Inclusive Education Resource Teachers for asking details of their child. Finally (d) parents are concentrating on the Inclusive Education Resource

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Teachers benefits while teaching their children. They think that Inclusive Education Resource Teachers are working for the salaries and could not see how much their child is benefited from this teaching. As a result, they are ignoring their own children's needs.

Secondly, children are mischievous and did not show interest in education. As a result, they did not show interest in remembering in whatever is taught to them. In several cases, children with special needs are arrogant, angry and did not listen to parents. Some of them did not mingle with peer groups. This might be because of they are neglected by their parents. It was also observed that the parents either neglected or indulged in over caring of the children with special needs, which in turn led to children developing the above said qualities.

Third problem is inadequate time for mainstreaming. The process of mainstreaming is very tough within the time limitation set by the government in the above said circumstances. Along with that, the time they are spending with the kid is very less to learn and practice. It is highly impossible to train children with special needs in four to six hours in month with one weak interval. It would be very disappointing if it is in the case of profound disabilities children. In some cases, the severe disability persons cannot even sit for an hour. Mostly, the allotted time is spent in only teaching skills rather than teaching the letters (words). In rare cases, children would practice the letters. Generally, Inclusive Education Resource Teacher is supposed to concentrate on daily activities in the beginning and then teach self help skills. Later making them to pronounce particular words and then pronounce mixed expressions, but this stage is never appeared. Finally, Inclusive Education Resource Teachers have problem with distance. Sometimes, they have to travel a long distances to teach one child.

While examining the teachers' role in inclusive education, both positive and negative responses are found. In some case, both general teachers and Inclusive Education Resource Teachers learnt from each other, but in most of the cases, general teachers do not care the suggestions given by Inclusive Education Resource Teachers. In some cases, they even rejected mainstreamed Home Based Educated students from school. The teachers have opined that they cannot deal children with special needs in regular

schools. The study reveals that, accepting a child into school will not make them read unless they are given special care.

While responding to job satisfaction, Inclusive Education Resource Teachers expressed that, though they worked hard, their efforts are not being recognized. They have a notion that special needs education course is dual course compared to the general education course. They have no job security and their salaries are very low. Many skilled teachers are ready to work if their salary is increased on par with regular teachers.

Inclusive Education Resource Teachers have some suggestions and expectation to improve the system of special needs education. They are (1) As the time they spend with a special needs children is very less, they could not get the intended results. They need three to four hours of intensive coaching for a child every day, (2) Parents need to help and educate in the absence of an Inclusive Education Resource Teacher otherwise it will not make any difference. Parents' active support and concern is very much needed, (3) The other important suggestion is to reduce the travel time of Inclusive Education Resource Teacher and starting a centre-based training. To elaborate, a special school up to elementary level with six teachers at mandal level will give good results. This will assure mainstreaming every student in high-school level. Otherwise appointing more number of Inclusive Education Resource Teachers in every mandal can also give some good results, (4) IERTs are expecting equal status for special B.Ed along with general B.Ed. They argue that they read both special subjects and general subjects in special B.Ed but they are not given due preference in state governments job. [G.O has been issued for equal status now]. They have informally said that there are trained persons available in the district, but they are not interested working with SSA because salaries are less and there is no job guarantee. Hence, they expect a permanent job with good salary in this sector, and (5) They also feel that the government is not serious about special needs education because the current program (SSA) is only a project and will stop soon. Hence, they do not have any vision for children with special needs.

Experiences of Inclusive Education Resource Teachers reveal that they have problems in visiting one home to another. The parents selected for the study are ignorant about the special needs education and so did not cooperate with the Inclusive Education Resource Teachers. The time given to mainstream a child is not adequate and government needs to look into this matter seriously. The Inclusive Education Resource Teacher is expecting equal status and job security on par with regular teachers in schools.

Part IV: Experiences of Community Mobilisation Officers

Part IV is an attempt to understand the administrative view after explaining the views of Inclusive Education Resource Teachers on the implementation of Inclusive Education in the district. The respondent is Community Mobilization Officer [CMO] in SSA, Kakinada. CMO is the in-charge of Special Needs Education also. This is also to know the CMO's views on Parents, Inclusive Education Resource Teachers, Teachers and children with special needs in the district.

CMO on Process of Inclusive Education

CMO said that the SSA started in East Godavari district in 2001. Previously, it was Janashala Project. The Janashala, or the Joint Government of India-UN System Support for Communnity based Primary Education (SCOPE), launched in 1998, aims to provide programme support, in a coordinated manner on the ongoing efforts undertaken by the Government of India towards Universalisation of Elementary Education. The programme has special focus on the education of girls, scheduled castes and scheduled tribes, working children, children with special needs and children in marginalized and difficult groups. That program was covered in 28 mandals in Krishna and East Godavari and West Godavari districts of Andhra Pradesh.

According to him, the Inclusive Education in East Godavari was started only in 2005. Six specialists were taken to collect data in the district on a consolidated payment of Rs.1500 p.m. In 2006, the number was increased to ten specialists on a consolidated payment of Rs.4000/- p.m. and they were given charge of four to five mandals each.

Only in 2007, one Inclusive Education Resource Teacher for each mandal was initiated. In 2008, three Inclusive Education Resource Teachers were selected and trained in Hyderabad. They were called Master Trainers and they had to train the remaining Inclusive Education Resource Teachers. So, the real implementation of work started in the latter half of 2008. The material on Inclusive Education is made available since 2005 but no one had read it.

On the Significance of East Godavari

According to CMO, East Godavari district remains one of the best districts in India in implementing SSA, because it's number of activities and expenditure and the supply of aids and appliances.

Reasons for not enrolling CWSN in general schools

According to CMO, teachers refused to admit children with special needs in schools because they are afraid of the school rating. They felt that pass percentage of the school would go down if a child with special needs failed in the exam. But this is not true. Children with special needs are not included while grading the school performance under Learing Enhancement Program [LEP]. This gap between teacher and Mandal Education Officer is encouraging children with special needs to be out of school. This gap is created because Mandal Education Officers [MEOs] are not updated on the Inclusive Education initiatives and it results in weak implementation of the programs. Sarva Shiksha Abhiyan [SSA] gives Rs. 6 lakh to construct a two floor building in which the first floor should be a hall. A chair, table and a cupboard are allotted to Inclusive Education Resource Teachers but it is used by Mandal Education Officer in some mandals. The concern for children with special needs is very minimal. The mental caliber of children with special needs is misunderstood compared with normal children and, sometimes, Mental Retardation children may beat the other children. Teachers consider this as a very big problem and avoid CWSN admitting them in regular schools.

On Inclusive Education Resource Teacher

When asked about the working of Inclusive Education Resource Teachers, the CMO felt that the training time spent by Inclusive Education Resource Teachers with children with special needs has to be increased. He also accepted the need for increasing salary. It will give better results in their work. The Inclusive Education Resource Teacher views on survey are contradicted by CMO. The Inclusive Education Resource Teachers expressed that they got less time to survey their mandal to identify CWSN, but CMO said that the Inclusive Education Resource Teachers are allotted to the same mandal for three consecutive years. They are expected to be familiar with that mandal because their job is in the same mandal which they have surveyed. Hence, the duration of survey is reduced in 2nd and 3rd years because the purpose is to add the details to previous data than surveying again in the whole mandal.

On awareness

The CMO said that awareness campaigns are organized at district level. Parents are also paid travel expenses and provided food in the camp. The government spends Rs.100/- for them. But parents feel that they lose Rs.300 wage for that day and only attend few such camps. To avoid such inconvenience, a suggestion was given to organize mandal level meetings, which is not in action till now. The only successful program is NIRAMAYA. It is a Government of India's initiation to provide affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, to encourage health services seeking behavior among persons with disability and to improve the general health condition & quality of life of persons with disability. It gives one lakh rupees per year to children for medication. It is successful because local level stakeholders are involved in its implementation. East Godavari surveyed 10,000 cases for which it bagged the best status in India. They can use the Nirmaya card at any Appollo hospitals for treatment. The maximum limit provided by government in the scheme is Rs.1,00,000/-.

On non-availability of Inclusive Education Resource Teachers

According to CMO, they are unable to recruit Inclusive Education Resource Teachers in agency areas of the district. Inclusive Education Resource Teachers are afraid of wild animals particularly tigers. Some of them have resigned. But, no one knows the reality and the matter is still not considered.

On Barrier Free construction

According to CMO, SSA sanctions Rs.7500/- to every school to construct a ramp. In 2009, 407 ramps were sanctioned. There is a practical problem in spending the sanctioned program. The power of spending money is in the hands of Mandal Educational Office and money can be spent only on the material suggested by the MEO. Hence, school authorities are unable to spend for the purpose it is allotted. If that money is not spent the same year, then it should be returned to the Head Office. So, many schools did not construct ramps. The total number of sanctions made for ramps are 12,500.

On Residential Coaching

The CMO said that the district had a bad experience with Residential Bridge Course Centers. It was designed as a 10-months program. Children with special needs were given boarding and lodging along with education and training. After the completion of the program, some of the parents were not ready to take the children back. They get used to the free time and were not ready to take the burden of children with special needs. It took two months, after the program, to send all the children back to their homes. Hence, the RBC is converted in to Day Care Centres.

On Parents Care

The CMO felt that the parental care is important too. They need to be supported by Anganwadis during pregnancy by giving valuable suggestions and recommending proper medication, because early intervention and physiotherapy will cure most disabilities.

Experiences of Community Mobilisation Officer reveal that the process of Inclusive Education is not structurally implemented. Though East Godavari district remained best in few aspect of implementation, still the district needs proper understanding by the teachers, parents, and administrators in dealing with Inclusive Education for children with special needs. There are misconceptions among Inclusive Education Resource Teacher on their duties; administration has problems in organizing awareness campaigns within the reach of the parents, malpractices by authorities, and parents' comfort zones affect the program.

Summing Up:

Special Needs Education as part of Inclusive Education could not give the expected results due to the limitations in the process of implementation. The schools are not equipped with appropriate teaching methodologies, proper transport system, sensitive environment and trained teachers and administrators. Due to which, problems occurred at the primary level i.e., identification of abilities and inabilities of a child in the process of educating them in mainstream schools. The society is lacking the scientific understanding of disability /special needs and in return children with special needs are deprived of the benefits they are entitled. As part of it, the teachers in the regular schools are not trained in special focused training, identification and did not give any systematic orientation towards special needs education. The teachers are completely unaware of the concept of Inclusive Education and they did not have a common idea on teacher-student ratio and creating conducive atmosphere in the class. The study emphasizes the strict instructions to implement the inclusive education. The Inclusive Education Resource Teachers do not have enough time to teach severely disabled children and parents of children could not cooperate with IERT because of their ignorance and poverty. The IERTs are seeking for job security, salary hike and equal status with regular teachers, which would add to the quality of the job. The Community Mobilizing Officer experiences in the district show that the district has to improve its implementation strategies by creating awareness to all the stake holders. The study reveals that only one-fifth of children are enrolled in schools and they have problems with reading, writing, speaking, and listening abilities. The accessibility

provided in the schools to cope up children with special needs is not seen as an important task because none of the schools have resource rooms and trained teachers. As a whole, the study shows that the measures taken towards special needs education needs to be improved to create a better society for children with special needs.

Chapter – VI

The Practice of Inclusive Education: Field Observations

[*This chapter deals with qualitative data regarding the inclusive education in the selected areas. It is an attempt to understand the practical possibilities and impossibilities of particular policies. These implications are examined from four set of groups. Each group is examined in relation to inclusive education of the children with special needs. Hence the perceptions are related to the obstacles in giving better life and education to a child with special needs. This chapter also deals some case studies towards the end]*

Part – I: Practices in Inclusive Education

As maintained in the previous chapters, one of the important the reason for disability in the study area is poverty. This poverty is not only a financial limitation, but affects at various levels of life. To elaborate, the impact is found in their understanding disability, following the remedial methods, creating self restrictions etc. At the same time, the limitations in learning process prevented the teachers to understand the special needs of the children and in return children with special needs (CWSN) are considered as persons with inabilities. The specially trained teachers, -Inclusive Education Resource Teachers- are struggling between mainstreaming the children and training the CWSN in certain skills. They have to reach their targets within the limited time allotted to them. The conceptual understanding of Inclusive Education has not been materialized in practice to the expected levels, due to the above mentioned problems. The following problems are found in the study area.

Data maintenance

The shortage of particulars of Children with Special Needs is found at all levels starting from District to Village. The available data is not sufficient to have an idea about the Children with Special Needs in the particular area. The study shows that maintaining the Children with Special Needs' record is not given much importance. The Mandal Education Offices do not have data either on enrollment or dropout rates

of the Children with Special Needs. The data, at the time of research, in all the selected mandals was a general data of all special needs persons. It includes three year child to 32 years old person. It is the disability survey data in the village. Hence, the data did not contain any information regarding students. The cross checking of the data has identified a big gap between what is recorded and what is actually seen. There was mismatch with name, age, address and type of disability of the respondents, and in some cases it was unidentified. This was also limited to only few villages. There are villages where survey was not conducted. The village panchayats' data recorded for the disability pension is considered for the research in some cases. It is because; the IERTs who are supposed to survey in the beginning of every academic year have neglected big villages. The reason, they said, is paucity of time. The village pension records also failed to give clear details of the beneficiaries. Hence, the researcher has used oral knowledge of the people to identify the address of the respondents. Many a times, people have similar names whose child is not a child with special needs. Sometimes, they have shifted the house but not updated in the records.

Mainstreamed Children

As a part of inclusive education, the entire home based education provided children supposed are supposed to be enrolled in the mainstream schools in the subsequent years. They are called as mainstreamed children with special needs. The study did not follow any criterion of mainstreamed and non-mainstreamed children in the selection, but it has cross checked the mainstreamed children available in the records with the sample selected. The following table (Table 6.1) will give a detailed view of it.

Table 6.1: Mainstreamed Special Children during 2008-09

Sl. No.	Mandal	No. of CWSN mainstreamed during 2008-09	No. of mainstreamed children found in sample	No. of mainstreamed children regular to school	No. of mainstreamed CWSN at Home
1	Alamuru	9	4	1	3
2	Mandapeta	7	4	3	1
3	Karapa	8	3	2	1
4	Pedapudi	0	0	0	0
	Total	24	11	6	5

Source: Field study conducted during 2009-10

The number of mainstreamed children, according to the records, in 2008-09 is 24 in all the selected mandals. Among them, nine are from Alamuru, seven are from Mandapeta, and eight are from Karapa mandals. Out of the 24 mainstreamed children, eleven are found in the study. They are four children from Alamuru, four children from Mandapeta and three children from Karapa mandals. The study shows that almost of half of the children are not regular to school.

Alamuru mandal has the lowest number of regularity to school where Mandapeta mandal has highest number of children regular to school. The picture is different in reality. In the case of Alamuru mandal, ¾th of children with special needs are out of school. They were never regular to school because one suffers from Cerebral palsy with mental retardation, one suffers with cerebral palsy with orthopedic impairment and other one is with mental retardation. Only one girl is regular to school because her house is located very near to school and her aunts are keenly interested in giving her education but school teachers are unable to support her in providing appropriate education to her.

In the Mandapeta mandal, all the four mainstreamed children are suffering with Hearing Impairment. Among them, three children are studying 9th, 6th and 4th classes. They were enrolled in school before they are given HBE. The IERT intervention would have helped them to learn a few skills, but not mainstreamed. The other child is too young to enroll in school but listed in the records as mainstreamed.

In the Karapa madal, out of three mainstreamed students, two are regular to school. All of them suffer with hearing impairment. The other child is not interested in going to school, hence parents have stopped them.

The study says that there is gap in the date recorded and in practical situations. The process of mainstreaming is done on records than improving the conditions of Children with Special Needs. Some of the mainstreamed students are not enough intelligent to carry out the regular education, but they are mentioned as mainstreamed. There is a need of proper mechanism to cross check the process.

The road map of inclusive education in the selected district is not adequate to the thought created at the state level. There are flaws and misrepresentation at all levels of actions. The counseling to parents and trainings to children did not give the estimated result in the process. The study reveals that the state should be more responsible in dealing with inclusive education with reference to the Children with Special Needs.

Special Residential Bridge Course (RBC)

This is a separate design to empower the Children with Special Needs. East Godavari district had a bad experience with the model. Residential Bridge Course is a place where all the children with special needs are given residence to give focused training. The reluctant parents have been convinced after repeated requests from the district authorities and allowed for 10 months training. After the training, few parents were not interested in taking their children back to their home. They said, they cannot handle their child. Then it has become a big task for district authorities to handover the children back to their respective parents. With this experience, East Godavari has dropped the idea of RBC and concentrating only on HBE.

Knowledge on Reasons behind disability

In the whole study, it was found that no parent has an appropriate answer for their child's disability. They were unaware of the causes behind the disability. In most of the cases they could not identify the special needs of their child until he/ she attains 3-5 years of age. Some of the mothers do not remember what happed during their pregnancy even after the repeated enquiry from the researcher. It is identified during the study that none of interviewed families had the history of disability in their family. The study reveals that lack of awareness regarding disability, non identification of disability at the early age, improper care during pre-natal and post-natal period are causing disability in children. The prolonged unawareness on disability could not make any difference in the lives of persons with disabilities even after identification and leaving them on the same state of condition without attempting to cure the disabilities.

Lack of awareness

Lack of awareness remains the primary reason for all the backwardness in the society. The unawareness is found in each and every aspect of inclusive education proceedings. This multi dimensional unawareness became the biggest hurdle to achieve the expected goals in every policy related to inclusive education. Parents are unaware of the existing educational supports to their children, teachers are unaware of the policies which they supposed to implement, officials are unaware of the inclusive methodologies to spread, society is unaware of the contribution it has to make, and finally child is unaware of the actions he is supposed to inhibit. All of them are interrelated and interdependent. Exceptions to any single dimension will affect the whole process.

To elaborate, the study reveals that there are more than 50 percent of non-literate parents. They are not aware of the policies and programs of the government; they do not have proper medical awareness and they cannot assess the disease affecting their child. They believe that no one else can take care of their child other than their own family. In some cases, they are given utmost preference in terms of caring. Hence, parents are not interested in sending their children to hostels. They hear about others' experiences about how the hostels do not care for the children. Moreover, they do not want to be away from their child. Some parents have stopped going to social gatherings, some have stopped visiting relatives' homes, just to look after their children at home.

In other cases, parents are not aware of the child's problem. They do not know why their child gets frequent toilets, seizures, cough, low memory, headache, improper digestion, and also why their child play only with children younger to their age. The parents are not aware of treatment to such children needs. Many a times, their time and and money are spent on going round the doctors but of no use. Parents are also unable to assess their children's problem. For example, parents of hearing impaired children say that their children can listen from front side of his face but cannot listen from back. They are not present to their child's managing skills. In fact, the child is managing with lip movement of the people. In the case of some mild disabilities,

parents believe that their child does not have any problem. They are surprised when their child's name is recorded with disability.

Perception of the Parents

The Parents are classified into four categories for the convenience of the research. They are [1] Parents of 'Children with Special Needs' in Home Based Education [2] Parents of 'Children with Special Needs' not in Home Based Education [3] Parents of 'Children with Special Needs' going to regular school and [4] Parents of 'Children with Special Needs' who dropped from schooling.

The study reveals that all the parents consulted in the study are completely unaware of the knowledge about education policies regarding Children with Special Needs. Even though some of the children are covered under Home Based Education (HBE) with a special teacher, they did not understand the concern behind the program.

Early identification is the primary responsibility of parents and medical persons in the area. The survey reveals that none of the respondent's disability is identified at the early age. In many cases, it was only during 3rd year, the disability was recognized. Parents have become helpless after identification because they do not have any idea regarding disability and their rehabilitation. So, they have visited all places and finally left their children at home without any solution. Poverty is the main reason for their inability to go to the better hospital. In the entire process, there is no intervention of the government medical personnel, either in identifying the problem or in providing medical treatment.

Study shows that, Category [1] parents are not satisfied with IERT teaching in Home Based Education. According to them, IERTs are not regular to their home and they have not found any major changes in their child in most of the cases. Only few percentage of the parents have expressed that their child has shown a mild difference in skill performance, however it was not adequate even, after the IERT visits. All parents unanimously agreed that their child has developed intimacy with the IERT because of their friendly behavior and food items they bring when they visit every time. This is one of the successful parts of the inclusive education.

The parents while expressing their views about IERTs have said that they are irregular. These irregularities claimed by parents can be understood in two ways. One may be because of the gap in their scheduled visit i.e., once in a week and secondly they were not even regular in visiting the child as per schedule. Nevertheless, the parents have failed to convey the frequency of irregularities.

While examining Category [2] parents, who are out of Home Based Education, do not have any idea regarding Home Based Education (HBE). They are unaware that their Children with Special Needs can be trained through education which would provide education as well as learning basic skills to cope with the rest of the society. They kept their children out of the school system thinking that they have no option except bearing the child.

In the case of Parents Category [3] they could not assess their children's performance in school because most of them are unlettered. They feel that their children's regular visit itself was a big success. They buy whatever the child asks to buy expecting some betterment in the future. The parents are very optimistic while sending their children to school. They never disturb the regularity of their child's visit to school, though they knew that he/ she is not learning anything from school. They hope that their child's regular schools visit may gradually help to learn something in life. The parents are completely unaware that there would be an alternative method of teaching for their children.

When enquired about children taking food in school, the parents are not satisfied with the Mid-Day-Meal (MDM) program. They opined that their children are not interested in eating in MDM. So, it is left to the interest of the child to eat or not to eat in the MDM. In fact, the researcher's visit did not experience any low quality food in MDM and it is understood that it is the false notion they have about the unconventional non-home food. They always feel that their home food is better.

The parents had never attended any meeting in school. They have opined that they have no idea of parent-teacher meeting in schools to review their child's performance. They have never got such call from the school authorities. Only few parents have told

that they had no meetings but were signing on records sent through their children. Parents assert it as teachers' problem while teachers apprehend it as parents' problem. Parents' apprehension is that teachers would not organize such meeting where as teachers' apprehension is that parents would not come to such meetings even if they organize meetings.

Parents from category [4] are not convinced/ satisfied with the school system. They have never thought of sending their children to school, thinking that their child cannot learn anything. In addition to it, they are also afraid of complications coming from school. Some times co-students ill-treat their child and sometimes it is teachers who ill-treat the child. In order to avoid such humiliating atmosphere, they prefer their children to play at home rather than going to school. In contrast, no authority has given them confidence that their child could be trained in some way.

Above all, as mentioned earlier, every parent loves their children. They show the 'special love' on them. This special love involved with taking care of the child. Hence, none of them are interested to send their children away from house. They think that others cannot take care of their child as they do. They are unaware that they are keeping their children away from learning skills.

Perceptions of the Students

Students are classified into three categories for the convenience. They are Category [1] Responding 'Children with Special Needs', [2] Non-responding 'Children with Special Needs' and [3] Home Based Education students. Most of the impressions are taken from responding children and attributed to the non-responding children. In some cases, parents' observations are considered to understand the child.

While considering the "Responding children with special needs" only two categories i.e. Visual Impairment or Locomotor Impairment are found in school. They enjoy being in the school and with friends. Despite the disadvantages, these two categories are trying to cope with advantageous qualities in their life. To elaborate, students with visual impairment can understand whatever the teacher speaks and can respond to it. Students with locomotor impairment do not need specialized teaching but only

structural changes in construction of school buildings. Barrier free construction is not a big issue for them in many schools because they have low height buildings. Wherever there is a ramp, it is not constructed based on accessibility guidelines but for the electoral purposes. In both the cases, teachers have given no special attention, but it is students who put all efforts at their level to reach the classroom. Apart from orthopedic impairment categories, the other disability categories need a specialized teacher to teach them. This might be one of the reasons for non presence of other Children with Special Needs in the school. Because, the regular teacher could not spend much time for the Children with Special Needs in most of the cases.

The available special needs students' performance in the class ranges from average to below average. They feel that mathematics is the toughest subject and Telugu is easiest subject for them. All of them have enrolled their names in MDM but not satisfied with the quality of food. No caste discrimination was found while serving the food in MDM or in the teachers' behaviour in the whole study.

The Home Based Education (HBE) students are very happy at the IERTs' visit to their homes. They respond that they are close to their IERT because they carry sweets along with them. Though the study did not find much development in terms of education, it has helped the Children with Special Needs to have an understanding person in the society. There are few behavioral changes due to these visits.

Some of the students have dropped from schooling. It is because of the humiliation caused by the behavior of general teachers. It is told that the teachers are scolding and showing exclusive places to sit. This process of exclusion has made parents not to send their children to school. The other way, students are also not interested in going to school.

With all the difficulties or advantages they have in the educational system they exist and none of the students has the idea of educational benefits they have, except the disability pension given in Panchayati office regularly.

Interests of the Children

The interest of the Children with Special Needs is never taken care of. It is found that no where a trial is made to identify the interest of these children. Sometimes their interests were ignored because they are not socially convenient to parents. To illustrate, they cannot leave their children to play with other children because they quickly enter a confrontation by either of the intervention. This confrontation among children will be expanded to parents also. To avoid such confrontation, parents will restrict the children to their home. Hence, the Children with Special Needs are not given an opportunity to play.

Though some of the children with special needs are interested in going to school, parents do not allow them because of their vexation with the behavior of teachers who consistently ask them to join their children in a special school, confrontation with the children in the school, mobility problems, infrastructural problems and teaching methodology problem. Only few children who can manage these obstacles are going and few parents who are optimistic in life are sending their children.

<u>**Practice**</u>

Traditionalism: 21st Century Implications

India, as a traditional society, is still practicing the conventional methods to understand the special needs of a particular child. The study has observed that menstrual issues, belief in God, and superstitions are still prevalent and impacting the special/ inclusive education.

It is observed that few girls were stopped going to school after attaining puberty. Puberty occupies a prominent place in traditional Indian society in deciding girls' mobility. Educating them is important because it provides an opportunity for health education including genital hygiene. The girls, in the study, are forced to stop schooling because they are unaware of management of menstruation. This ignorance may cause health problems like dysmenorrheal, white discharge, diarrhea, and vomiting. To avoid such consequences, parents have chosen to stop them from schooling. The parents find it as an appropriate way to take care their child's health

because the level of information about menstruation, genital hygiene, and related reproductive health issues imparted even to normal girls is not adequate. On the other side, media show many issues on physical abuse on children with special needs. Hence, improper knowledge dissemination on physical health and social insecurity are leading to children being pulled out of schools [Narayanan, *et.al:* 2001].

Society has lot of abstractive faith in God [Madan: 1999]. This faith in God is running up against facts. The respondents are very serious about God helping them in future by healing their child's disability. It is the only hope, which is making the family deal with children with special needs. Considering poverty as the important cause to their inabilities, strong hope in God, keep these children away from medication would lead the parents to completely neglect the CWSN and leave it on the mercy of God. Some of the parents have narrated how their child is better after taking to certain preachers or religious practitioners. This particular belief has stopped them from trying other alternatives in terms of education and following scientific methods of normalization etc. A woman has observed fasting when she was carrying 8th month pregnancy. As a result she has suffered with severe weakness for some time and her child has born with deformity in the hand.

Superstitions: Forest Medicine

Another practice regarding chronic diseases is forest medicine. It has been a notion since long time that medicines made out of forest products or forest animals would cure such diseases, which are not cured by allopathic medicine. This belief made a few people to make it their source of income. They dress like tribes and visit the houses of children with disabilities. They influence parents to buy their medicines and promise their child's normalcy within six months. In one case the parents, expecting speedy recovery, bought medicines by paying up to Rs.2000/- despite their poverty. But, the seller never came back to check the patient. The study has found similar experiences in other villages as well. Hence, it is understood that the ignorance of the parents and their beliefs tend to create further problems to children with special needs. This ignorance has limited them to understand the benefits of education and its future consequences.

Another false notion is about marriage and gender. Few parents consider girl's marriage is more important than the girl's disability. Unmarried girl in a family is not socially respected. So, they hide their daughter's disability so that she would easily be married off. In the process of hiding, they do not enroll her in school/ in panchayat office for pension obtain medical certificate. This kind of importance given to marriage is a hurdle to the girl's cure and learning process. Such problem can arise with mild disability kids. Hence, such students are kept away from the inclusive setup.

Carelessness

The stigma [Goffman: 1961] associated with the disability results in a careless approach from the father or the father's families. Due to this, the child misses out on getting proper medication, training skills, love, and care. It restricts the child from further expansion of its life. In certain cases, fathers ignore the problems in the house. As a result, the mother is burdened with the responsibility of the house, or in the case of parents' inability, grandmothers are forced to take care of such children. It was also observed that some parents feel shy to bring their children to public functions.

Comfort zone

A comfort zone is created either by parents or children or sometimes both. To elaborate, the main concern of the parents is to feed them as long as they live. They do not allow their children moving out of home so that they can avoid confrontation with other children and their parents or avoid being involved in accidents on roads. They have also chosen not to send their children to school to avoid abuses from teacher as well as fellow students. Some parents consider mid-day meals as of inferior quality, and so ask their children to come home for lunch. There is a serious need to come out of this comfort zone because the parents do not think of the future of the children, especially after the parents. This comfort zone provided by the parents/ elders curtails the highly needed peer group interaction. Confining Children with Special Needs to home may avoid accidents on roads, but the practice of socialization of children is being prohibited by the parents.

As a consequence of the comfort zone provided by parents, children choose their own space. When their peers are not comfortable with their disabilities, these children choose friends from younger age. It may be also because of their cognitive slow growth. This personal confinement is limited not only to choosing friends but also the places to play. They repeat the same game all through the day. Mostly, parents ignore such habits and so unknowingly let these children form a 'comfort zone'. But, parents do not realize that this 'comfort zone, restricts the children from expanding their life. This zone restricts their life. It also results in improper use of aids and appliances like hearing aids and Braille kits.

Self Limitation: Devalued Status

There are some stigmatized persons who accept their devalued status as legitimate [Davis: 2006]. This leads them to ignore the necessary steps to be taken in relation to children with special needs. The limitations in thoughts resulted in limited actions by the family. As a result, special provisions to children with special needs are considered as above their level. Therefore, anything above their level is ignored. The families were fighting for ration card in fair price shops, old age pension and disability pensions, but not for wheel chair, tricycle, walking stick, Braille kit, hearing aid, ramps in school, teacher's acceptance, etc. As they do not consider them as the rights of children with special needs, the family does not fight with the administration. Above all, the family considers receiving sponsors from the government as charity and waits for the grace of politicians to sponsor the above-mentioned supports.

Labeling: A Step before disability

The self-concept change from normal to deviant is an affect of labelling. The prime actors in the process are social audience. In other words, behaviour is not inherently deviant or normal but is defined and labeled that way by people in charge of defining and labeling. Deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rulers and sanctions to an "offender" (Becker: 1963)

Parents and society label them as who 'cannot speak', 'cannot hear', 'slow learners', etc, and children start believing what is labelled on them. Hence, labelling limits the abilities of children. If they are not labelled, children would have developed skills to cope with their disabilities. Some of the respondents looked normal in appearance and response but they are considered as MR children, both by the parents and on records. It appears as the process of making future disabilities as mentioned by Hamlin and Becker.

Role of Teacher: Blame Game

When a child is successful in the learning process, the teacher takes pride in him, but if a child fails to learn, the blame goes on to the child. We never try to understand the root of the problem. We make so many demands to children one after the other. The child is not capable of fulfilling them because either we make so many different demands at a time or they are at a very high level. If we really want to make the child successful, then we have to give him/her clarity on what we are expecting to do and what we do not want him/her to do. Our failure to communicate leads to confusion in children. The present day teacher is confused and blames the failure on the learning process [Misra: 2002].

Teachers, not being trained in special education, have become a problem for the entire education system both for children with special needs, as well as for other children. They feel that dealing with children with special needs is not their job and claim that they are not trained to do so. Further, they refer such children to special schools to escape from the responsibility. They extend their argument in showing mischievous behavior of such children and say they are disturbing the class. In several cases, Children with Special Needs are humiliated by forcing them to sit in last rows or corridors. No attempt has been made by teachers to identify the talent of the CWSNs. The study shows that nearly 40 percent of the respondents are good at replicating. But this skill is never recognized as a tool for teaching them further. All the above factors keep the children with special needs out of the inclusive education system.

<u>General Teachers</u>

The study found that, the perception of the teachers in general schools is quite contrast to policy. All of them seriously believe that no policy is implementable. They consider every new policy as a program to trouble the teachers. The teachers have understood 'Learning Enhancement Program' (LEP) as to identify the IQ levels of the students but not to identify the special needs of the children. The three level grading applied by general teacher does not include any children with special needs in practice. The main purpose of the three level grading to support the student according their knowledge levels and make them mainstream within the same year. Without the experience or orientation in identification of special needs in children and their teaching, the general teachers could not support the Children with Special Needs in the general schools. Hence, their stay, time and special care taken by the parents is being wasted. They believe that their conventional methods are far better than the new method of teaching.

They have also expressed that they are running after cooking up reports than concentrating on the children's development. They are vexed with the 'last minute calls' to send the reports. It has become a common practice at all the levels. They have an apprehension regarding teacher-student ratio. The best ratio according them is 1:20 while they are managing 1:40 currently. This percentage limits the scope of individual care.

General Teachers do not consider Children with Special Needs as eligible students in the school. According to them, serving them is serving the God or it is an obligation from the state government to enroll all school going children into school. Some do not even allow such students into their class. They think it is waste of time with them and it is big disturbance to all. Some of the teachers have advised parents to join them in a special school rather than the general school. It was interesting to note that some teachers have no time to spend with the Children with Special Needs.

In the whole process of taking care of the Children with Special Needs, one-third of the teachers either develops sympathy or consider as a case under humanitarian grounds. The rest of them are treated as different children than the other children. But

no where it is mentioned special needs as a right and taking care of them is a responsibility of the teacher.

Though the implementation is poor, still they feel that the government should be stricter in implementing the policies. They are dependent on government. If government is strict they will implement properly, if it is not strict, they will not care the policies. So, they need consistent intervention of government regularly.

Though, to claim, government's intervention is necessary in implementation but it is also important to note the personal interest of the teachers. Unless they take personal interest, no program can see the fruits. Hence, the government should concentrate on creating awareness among teachers on special needs because they are the key factors in the process of inclusive education.

There are another set of problems in dealing with the Children with Special Needs from the general teachers' perception. They are [1] the general teachers lack of understanding of the special needs [2] their inability in teaching special children [3] inadequate atmosphere in dealing with the general class.

In most cases, teachers feel Mid-Day-Meal (MDM) program is a heavy burden on them. It has become a hurdle for teaching. One Head Master and a concerned teacher were always spending their time in arranging things at MDM. According to them; this problem is because of delay in releasing funds and materials. They also have strict instruction that MDM should not be stopped showing the delay in funds. The concerned teachers have to continue by whatever means they have. It is also interesting to note that they should never report the delay in funds into records. Hence, they spend all their energies to accumulate the above said resources to run the program. As a result their time spent on teaching is reduced to minimum. It has become a burden to the teacher to maintain good relations with local politicians and fair price shop dealers to get the maximum benefits to MDM and other higher officials. Finally, all the practices/ malpractices have become an open secret and the concentration was only on maintaining statistics.

In such circumstances, understanding disability is never in their curriculum or concern at least. So, they do not have any idea on special needs education or policies related to it. Hence, they are ignoring the Children with Special Needs in schools. It was neither mentioned in their Bachelor of Education degree nor during their professional career. They deal, Children with Special Needs, with humanity, sometimes, than the professional skill. Also they seriously feel that they cannot spare time for Children with Special Needs in the general class.

Knowledge on Inclusive Education

Though the literature spoke on vide varieties of inclusive educational methods and benefits in relation to Children with Special Needs, the teachers in the study do not have any idea regarding inclusive system of education. Their notion of inclusion is limited to enrolling SC, ST, BC category children into school. They are not considering special needs as one of the marginalized aspect to empower few sections of the society. So, they do not have special needs methodology along with them. There was no discussion on disability and special needs education in their meetings. If it is mentioned, it was just a formality not as a serious agenda. Majority teachers do not have any idea on special education policies.

Identification Process

One of the weak methodologies they applied in Children with Special Needs is their identification. The SSA has a LEP method to identify the Children with Special Needs but very few teachers will follow this methodology. The main source of identification is either personal knowledge on the child or peers information regarding one's limitations. The teachers seriously assert that this methodology is not practical. Though they claim that they follow the SSA model[1] to identify problems in the children, in reality they are following their own methodology to classify children. Due to this, the real special needs are not identified in children because they are not properly trained to in this process.

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[1] Learning Enhancement Program (LEP)

<u>Advices to Teachers by IERTs</u>

As a part of one's job, the IERTs are supposed to train the teachers, in the school, to support the mainstreamed students with special needs. But most of the teachers have complained that they have never seen an IERT visiting their schools and even the few of them who visit are irregular. Their irregularity is because of their prime focus in Home Based Education. Their visit to regular schools is limited to 5 days month. This five day trip could not make difference in either teachers or students. On other, teachers also do not give much attention to IERTs' information, because they are not ready to take up the job of caring children with special needs.

Accessibility

Society is not sensitive towards the Children with Special Needs. That is reflected in each and every aspect of the society. The researcher's area i.e., education is also not an exception to it. All the parents, who are taking care of the Children with Special Needs, interviewed are either considering it as an unavoidable responsibility or charity. But no one considers it as a right of that child. As a result, no attempt is made in changing the communication, infrastructure and methodology. Hence, children with special needs are left with humanitarian support but not with the support they really require to cope up in life. As a result, the children do not get proper medication or training like Braille skills, sign language, daily living skills, or proper education.

Abilities /Practices

The available records classify Children with Special Needs into Visual Impaired, Hearing Impaired, Orthopedic Impaired, Mentally Retarded, with Cerebral Palsy and cleft lip. This Cerebral Palsy and Cleft are considered under Mental Retardation category. But in practice, children are multi-disabled. That is the reason the researcher has classified their abilities to get the appropriate knowledge on their skills and special needs.

Writing practices

Though some of the children are admitted in school and some of them are drop outs, but their writing skills are lower than their expressed educational levels. Their promotion in education is maintained through attendance at one level and promoting all the children to further class on the next level. There was not much concentration given on their abilities. It is nothing to do with their writing abilities in the perception of parents and teachers. Hence, very few of them could write equellent to their learning levels.

Speaking Practices

Speech impaired persons are considered under hearing impaired category. The number of non speaking respondents is double than the official records. It included people who can speak few words and also who do not speak anything. They are multi-category along with HI, MR and CP categories. Hence they are considered as that respective category. As a whole, it is observed that major chunk of the respondents cannot speak in spite of their mentioned category. It indicates the necessity of speech therapy in each mandal.

Hearing Practices

As hearing and speaking are interrelated, it draws an immediate attention on proper measures need to be taken. But, it has not been identified even by parents for a very long time. Due to this, children have followed other alternative daily management skills to cope up with the society. No government agent was found to make early detention of the children. It was done by parent only at the later stage. When parents / family identified hearing impairment in children, society around them including family members stopped oral communication and started making signs. Then the child did not get opportunity to follow the lip movement and but only signals made by people around it. Hence, the society around them is responsible for creating an unfavorable environment instead of teaching the basic skills to certain section of children.

Visionary abilities

The only disability which can be easily identified is visual impairment. Visual Impairment respondents are having a very good support for social living and a very bad support for educational life. They were not provided with any special needs required for learning in school. None of the teachers or IERTs are trained in Braille teaching except one IERTs. Hence most of the CWSN with visual impairment are away from the education in the selected mandals.

Mobility Issues

The difference between recorded Othopedic Impairment and number of mobility problems found in the study shows a big gap in considering the disability. It was almost 3/4th times higher to the original number. These children do not need any specialization in teaching but their impairment becomes a big hurdle to reach the campus. There is no evidence that the state has provided transport support to them. No clutches, calipers, wheel chairs etc are provided by the school or government. Above all, the visited schools do not have ramps to walk and railings to hold to access the building. It shows the less care shown towards the Children with Special Needs.

Other daily living skills

Nearly half of the respondents needed 100 percent support in bathing, clothing and in toileting. General provisions may not satisfy their needs. They may need assistance also. Nevertheless, they are completely left out of the education system. They are taken care by parents and no IERT visits their home, because it is impossible for them to mainstream such student in 10 months duration.

IERT: A bigger task

Problems with specialization

Every Inclusive Education Resource Teacher [IERT] is by design trained in only one specialization. It specifically conveys that the needs of children are different and specialist needs teachers to be trained differently. The design of the Home Based

Education requires a multi skilled trainer to deal with different disability categories in the mandal. The multi-category training given by the Sarva Shiksha Abhiyan helped the IERTs to understand other category children's needs but could not train as they do in their own specialization. This experience necessitates the need for increasing the number of specialists in the study area.

As earlier said, IERT has the freedom to choose majority children from their own specialization indicates that their multi-category training did not give expected confidence to deal all category children. Hence, the mainstreaming of children with special needs would be limited only to IERTs specialization rather than all category children.

Duration of the Teaching

It is observed that the duration given to train a special child is very less. One hour in a week is absolutely not enough to train a child with special needs, as reported by IERTs. The 40 hours training in 10 months duration could not give the maximum expected results to mainstream the Children with Special Needs. It is suggested by most of the IERTs that a child needs at least 4 hours training /teaching a day to make them mainstream in a year.

IERTs, though they are part of Inclusive Education system, they do not agree with the present form. They suggest special schooling to some severe disability students until certain age, where all the services, teaching, physiotherapy, skill learning etc are available.

It is observed during the study that IERTs are treated 'special' as they deal with special needs children and inferior to the general teachers. Their suggestion are not taken care by general teachers. When they visit school, the schools are absolutely without aids and appliances. So, they have grievance that their work is not treated on par with general teachers though they work more than them. So, IERTs expect job security, salary hike and equal status with other teachers to improve the working conditions.

Pension

Apart from the Sarva Shiksha Abhiyan's initiatives to inclusive education of children with special needs, there is another program which is most successful to majority of the respondents in the study area i.e. disability pension given by Government of Andhra Pradesh. The structure of the pension was announced at three levels of disability. They are (1) Persons with mild disabilities (2) Persons with moderate disabilities and (3) persons with severe disabilities. The pension declared was Rs.200/- Rs.500/- and Rs.700/- respectively, but Rs.500/- was given to every person with disability irrespective of their disability. Nearly 90 percent of the respondents in study have benefited with this pension except families without ration card and migrated families. All the recipients' families are benefited because they are from poor financial backgrounds and it helped to compensate some amount of expenditure on their child with special needs.

Part – II: Case Studies

The Part-II of the chapter highlights the real picture of the society at the grass root level. To exemplify the scenario in a concrete way, a few case studies have been presented in this chapter. These cases study depicts the school experiences of the children and the process of identifying the disability in the children and rehabilitating them; provision of medical facilities, social support for the children. This chapter focuses on the case studies and their consequences to further strengthen policies on disability and education.

Case -1

Aparna is a sixteen years old girl from Dwarapudi Village in Mandapeta mandal. She is a second child to her parents among four children. She is having an elder brother and two younger sisters. She got affected with locomotor impairment at an early age. She crawls on her hands and is confined only to four walls of the house. She is a strong girl as she manages the entire domestic work single handedly. She sweeps the house, cleans the utensils and cooks the food. She is second child to her parents among four children. Aparna has an elder brother and two younger sisters. Currently,

Aparna's entire family is dependent on her only brother's earnings as her father cannot work because of the old age. She belongs to Kapu community.

Earlier, Aparna's father worked as a steel utensil seller. When Aparna was young her father carried her on his arms and in later years used bicycle to drop her in the school. Aparna was very much interested at studies and her performance was good in school too. Aparna was viewing a bright future irrespective of her situation. But as she grew older she put on weight which made impossible for her father to carry her to school. Looking at her father's plight Aparna stopped going to the school after 7th standard. Her decision was accepted without any say. Now she stays at home doing nothing and remaining silent.

After inquiry, Aparna's parents revealed that still today they do not know the exact reasons behind her impairment. The probability, they remember, is an injection given to the mother during pregnancy, which led to prolonged fever. Later, Aparna took birth with neck, hand and leg problems. Looking at Aparna the consulted doctor suggested hot water massage to all the problematic body parts and electric shock treatment. The treatment stood beneficial for neck and hand but legs remained dysfunctional.

Aparna's case throws light on few important aspects i.e., significance given to women in education, poverty, dependency on political leaders, and unawares regarding the rights of the people with disabilities. Firstly, Aparna's education was not given importance, as when Aparna dropped from school, there was no strong resistance from her family. If the family has thorough understanding on the benefits of education they would have found an alternative way. But the silence of the family approves that dropping out from school, by a girl with disability, is an appropriate decision to reduce the burden on the family. The gender perspective prevailed in the society silently or helplessly supported the family for not making education as compulsion for Aparna.

Secondly, poverty is also seen as a hindrance for the women education. They have considered disability as an additional burden and only added income would help to support. Purchase of a tricycle to Aparna would have supported her to continue

education but the family felt it beyond their capacity and financial limitations. They requested few local politicians to sponsor a tricycle but none of the promises materialized. It is known that the family is still looking for someone to sponsor a tri-cycle. It is observed in the study that the tri-cycle is not prioritized as an important need. They are unaware that they can try for a tricycle from the government. The experiences of Aparna could be seen as violation of her educational right. Whether it is known or unknown to the society around her, the consequences have led her to be deprived of education. In fact, Aparna was a very good student. She scored above 90 marks in all subjects. Her friends were cooperative in carrying her bag and sharing the notes.

Currently, Aparna is staying at home doing nothing for her tattered future. She is feeling deprived and lack of financial assistance and problems of the family, lack of support from government and psychological burden feeling of Aparna excluded from the education.

Case – 2

Surya Bhagawan is ten years old boy from Alamuru Mandal Head Quarters. He is studying in 5th grade at nearby elementary school. He is an above average student in the school and he is affected with cerebral palsy. He suffers with spastic triplegia. His both legs and right hand are dysfunctional. He is heavily dependent on others as he cannot move on his own. His father is a money collector in a local finance company and he spends his maximum time in the office. Bhagawan is elder son to his parents. He has one younger brother and three younger sisters. His mother has hearing impairment as they report but her appearance and behavior makes the researcher feel that she also has low cognitive growth. He is from 'Vaishya' community.

Bhagwan is rejected by his parents. His father stopped attending to his needs and grandmother is forced to do so. The boy is currently under the supervision of the grandmother. She runs a small shop in order to care Bhagawan. She carries him to school and back to home. She runs to school with a single call by any students to

attend Bhagawan's nature calls. She is very humble and patient lady. She wishes her grandson to get good education.

His family members do not have any idea behind Bhagawan's disability. He was given polio drops at the required age but still his both legs were affected. The problem was identified by grandmother when he was not walking in 9th month. The probable cause for his disability is cross cousin marriage between his parents.

It was said that the parents have tried for a tricycle when he was very young but to no use as he was too weak to handle it. Later, none of his family members tried again because they didn't had minimum amount to purchase it. As per doctor's suggestions he was given electric shock treatment but to no use. He is not frequently taken to social functions unless they are very close family relatives. It would be difficult for the family to carry him all the way.

Bhagawan's case is an example for human rights violation by parents due to their financial in-abilities. He needs personal assistant and a good transport facility to reach the school. His experience shows that he does not have an accessible toilet either in the school or at home. Inspite of his father's disinterest, Bhagawan was able to continue studies due to the constant encouragement and support of his grandmother. It has to be noted here that, without the timely intervention and encouragement of his grandmother, Bhagawan, despite being able to read, would have been out of the education system.

Case – 3

Nela Jyothi Raj is from Mandapeta town. He is eight years old boy whose father is no more. He is second child in a three children family. The elder one is a sister and younger one is a brother. Raj is suffering with cerebral palsy and mental retardation. He is surviving by lying on the bed since birth. All his daily needs are taken care by the mother and grandmother. He cannot speak, listen and move. It was told to the researcher that an old woman in the family suggested not to care the boy in order to let him die. But, the mother and grandmother did not agree and continued their caring. The boy always wishes his mother to be around him. He will be worried so much if

his mother is not around. Though the mother was trained in nursing, she did not opt for working for the sake of her son. She spends all her energies in caring the child. The whole family is dependent only on grandmother's earning. The family has also stopped going to all social gatherings in order to take care of the child.

He belongs to 'Mala' community. The family is unaware of the cause behind their child's disability. It was told that the child was having health problems since the birth. Immediately after birth, he was kept in intensive care for 20 days even without mother's care. He suffered with seizures and suffers thrice in a day. Raj has physical growth but no strength in the body. That is why he is confined only to bed. He communicates through his eyes and touch. He opens his mouth to communicate that he is thirsty and hungry. His diet is only milk as he cannot digest the regular food. The family could give only milk and could not mix any pretentious compliments due to their week financial condition. Once, the care takers forced Raj to take rice but it resulted in two days sickness. Hopelessly, the doctors advised the family to stop spending money on Raj as the situation is out of their financial pockets.

Till today, the family did not lose hope on Raj. They trusted everyone who spoke about the betterment of him. As a consequence, the fell in trap with a stranger who promised a quick relief and took Rs 2000/ - from the family but it turned out to be fake deal. The stranger never turned back forcing debts on the family. The love towards the boy, poverty, lack of proper knowledge on medicines, and ignorance brought the family in shattered state. Today, the mother curses her own plight and pities the Raj's situations. Eduaction in Raj's life is nowhere near in future.

Case - 4

Kurram Devi is twelve years old girl. She is from Pedapudi village of Pedapudi mandal. Devi is elder daughter in the house. Her father is a gunny bag carrier in Kakinada port and mother is a home maker. Her father is an illiterate and mother studied up to Grade 5th. Devi has mild mental retartedness and low vision. Due to her low vision, she many a times hit her to dogs on the roads and poles. Devi is irregular

to the school. Due to her inability Devi cannot write nor read except her name. Devi belongs to 'kapu' community.

According to grandparents, Devi is a neglected girl in the family. The second child, who is considered to be normal, is treated with love and care. Hence, Devi spends her most of the time in grandmother's home which is located in the same street. According to her mother, Devi cannot do anything. Devi also believes that she cannot do anything because her mother labeled her as in-able. Generally, Devi is a talkative and active girl. She responds very well with anyone.

Devi's mother neither recorded this disability with mandal office nor applied for a medical certificate. She did not apply for disability pension or for any government support. She, intentionally, wanted to hide disability of Devi as she is afraid that, Devi's marriage future may hinder.

Taking Devi's case into consideration the mother's primary concern is of marriage rather Devi's present necessities. The mother is waiting for Devi to attain marriage age, so that she can discharge her duties as mother and get relieved of her. The mother is not thinking of post marriage consequences of the child. The mother is feeling burdened of Devi's presence and is also overloaded with stigma. She is not aware that she is violating the rights of child. Her main concern is society and she wanted to look like a responsible mother in the society. As result, poverty of the family, notion of marriage regarding girl child, ignorance of the medical facilities is causing Devi to be struggling in her life for bare necessities which is hampering her future too.

Case - 5

Gudala Leela Manikantha is a sixteen years old boy from Penuguduru village in Karapa Mandal. He is a person with locomotor impairment. His parents expired at an early age. His paternal family did not show any interest to take the responsibility of Manikantha but his maternal uncle, who is a tailor, took the responsibility and made him part of the family along with his three children. Manikantha belongs to caste 'Mangali' (Barber).

Manikantha completed his Grade 10[th.] He did his elementary schooling in Penuguduru and High school in Karapa. He was using tricycle in Penuguduru. He used tricycle up to the main road and then took an auto to reach Karapa. He could not continue his studies further. When approached by the researcher, Manikantha specified two reasons for not continuing his education. They are his physical disability and his uncle's financial weakness. He said that he faces a psychic trauma due to his physical disability. He cannot carry his own books or bag and every day he dependents on someone. The cringing feelings grow stronger during rainy days as his troubles multiples. He suspired sadly when he slipped down every time. He silently mourned and cursed God for creating him with impairment. He did not share this with anyone. But the family said that he was tired every day when returned to home.

His school was semi accessible. It has low height verandah and minimum steps. He did not find any problem to enter the school building. He faced difficulty only during rainy season as the whole premises were filled with water. Especially in this season he slips a lot on the roads. His friends supported him many times to manage such situations. The teachers have also tried to give their best support to him. He was very much confused when his teachers asked him to go home early in evening while a special class was going on. He struggled in between staying back for the class and going early to home. He wants to gain education and for that he attends to school regularly but his inability always poses lots of practical dilemmas and confusion without any solutions.

Another dilemma continued after his high school education. He needed to travel to a nearby town Kakinada to continue his collegiate education. He had to use his tricycle from his village Penuguduru to Karapa, and then he should catch a bus. He was literally afraid of this journey. The reasons are Motion Sickness and the Distance between Bus stop and college. Firstly, he could not bear the smell in the bus, if he dare to it; he has to suffer with vomiting; and, secondly, he needs another tricycle from Bus stop to college, which is out of his hands. He could not overcome the challenges in transport. Manikantha found it as a tough job to manage. Then he thought of dropping

from the education to escape all the problems and he did it. Apart from his problems, his uncle also expressed his inability to fund his further education except food and shelter. His uncle was afraid of auto fares and educational expenditure. The Bus pass given by the government could not help the family because of the Motion Sickness. The other apprehension from the family is about sending Manikantha to a hostel near by the college. They believe that there would be no one to care their child and he may face troubles even to manage his daily needs. Hence, Manikantha is without work and staying back at home.

In spite of all his difficulties, he is aspiring for a small government job. He thinks he is fit only for that job. He is interested in completing Industrial Training (ITI), so that he could at least survive with a mechanic shop. Being orphan, financially poor, physical weakness, transport problems, lack of intelligence to make use of other resources deprived him from his aspired future. He is still hoping that someone will extend financial aid in order to gain minimum education in his life.

Case - 6

Padipe Anil Babu is a twelve year old boy from Dwarapudi village in Mandapeta mandal. He is affected with cerebral palsy leading to mental retardation. His cognitive growth is comparatively less when compared to his age children. His father is a watch man and mother is a home maker. Anil is younger child at home. The elder to him is a sister. Anil was born after 35 years of the marriage to their parents. It was a difficult delivery for his mother. He hails from 'Mala' community.

Anil is a mischievousness boy. He cannot speak and listen. He only understands the gestures with his vision. As a reason, his sister denies his friendship and the teachers deny schooling. He is also denied by his age children because he is different from them. Hence, Anil spends and plays most of his time only with younger age children and he spends his most time out of the home. Nobody knows what did he understands but keeps himself laughing all the time.

He had five years of primary schooling in the nearby school. After that he was sent out of school because he completed his five years of regular schooling. The parents have felt so sad because he could not learn anything except letter 'A' in these five years. The teachers openly opposed regarding his schooling and have openly told that they are not for this category of students and advised him to send him to a special school. Parents were unaware of neither special education nor inclusive education.

They thought it is their fate and stopped him from going to school. The school has given a 'pass' certificate for the duration he has attended, but it has made no difference for the boy. In reality, he is neither promoted to high school nor eligible to stay back in the previous school. This certificate was used as an instrument to exclude him from schooling.

Parents have come to know about the special school and hostel in the later phase, but they are not ready to send him because they doubt his caring over there. The experiences of Anil reveal that lack of appropriate teaching methodology in schools, unawareness regarding special education both by parents and teachers, and over caring of the parents made Anil to be excluded from the education system.

Case – 7

Galinki Sujatha is an eighteen year old girl from Kesavaram village in Mandapeta mandal. She has completed Grade 10th and discontinued Nursing course. She has problem for one eye. Sujatha is the last child of a six children family. She was constantly humiliated by all her peers throughout her childhood. It has been continued even during her career too. She hails from 'Madiga' community.

She aspired for a quick settlement in job. She found nursing as good option to fulfill her dreams. She joined the course immediately after 10th class. The humiliation continued even in the course. Her single eye posed as a problem for the correspondent of that college. Correspondent told her to leave the course. She tormented Sujatha by saying that she could not manage reading and writing the prescription, and cannot give an injection etc. Sujatha patiently clarified the correspondent's doubts by showing her potentiality. Still, the correspondent did not stop irritating Sujatha to leave the course.

Sujatha's protestation against leaving the course was continued till the end of theory classes, i.e., 14 months. But at the time of practical classes, which is scheduled in district head quarters, Kakinada, the correspondent did not give permission letter to Sujatha. Sujatha could not protest further and returned home helplessly.

Sujatha's family members have begged for the continuation of the course but correspondent rejected relentlessly either to continue the course or return the fee back. Sujatha's friends and few faculties have supported during her course to continue the work, but their efforts could not go beyond certain extent and finally Sujatha was expelled from the course.

Sujatha is a confident girl who understands her abilities and challenges to perform well in education too, if given opportunity. She was also awarded as best volunteer during pulse polio campaigns by the state government. It is very simple to understand that the physical inabilities sometimes take a back seat in front of intellect and confidence but in Sujatha's case it turned in other way. She was turned down every step due to minor physical appearance in her eyes. As a result, Sujatha lost money as well as time in the process of fulfilling her unmet dream.

Lack of legal support with respected disability issues; and due to the ignorance of the respondents' family and notion of beauty, Sujatha lost her course and left in the midst of nothing. Sujatha's life experience oriented her that disability not only as problem but not as a right.

Case - 8

Veera Babu is ten years old boy from Penuguduru village in Karapa mandal. He is currently studying in Grade 2nd in a private school. He has hearing impairment. He is first child in a two children family. His father is a Lorry Driver and mother is a home maker. Both have studied up to Grade $7^{th.}$ Veera Babu was an early born child. His hearing impairment was not identified till he attained 4 years. The concerned parents took him to the doctor who confirmed 'hearing and speech impairment' and said that it cannot be cured. He hails from caste 'Kapu'.

Both mother and father could not accept the doctor's attribution. They wanted to see their child as normal like any other child. Their intention was to see their child speaking and coping up with society. The society advised them to leave hope of the betterment of the Veera babu but the parents did not resigned from their hopes. They started searching for an appropriate trainer. The father, being a Lorry driver enquired about his requirement wherever he visited. Their commitment resulted positively in finding out a trainer. They found a speech therapist in Kakainada. The mother took the responsibility of taking the boy to speech therapy every day. She took Veera Babu to this therapy for five years every day. She stayed all through the day along with his son. She used to sit in the corner of the class while training and observed each movement of the trainer. As result, she also understood teaching speech therapy and repeated the same at home. She also developed a suitable attitude to empower her son. Her practice yielded positive results and Veerababu started understanding the lip movement and people's communication.

He is watching T.V, he is admitted in a school, and studying 2nd class at the time of research, while his younger brother is in 4th class. He, as good student, goes to school every day by school bus.

The parents' commitment and mother's extra ordinary courage and support resulted in bright future to Veera Babu. The impressed, speech therapist charged very less amount as fee, the bus conductor did not increase ticket for five years and reserved a seat in the bus for mother and son. The family members also supported them in their journey towards Veera Babu's prospective future.

At present, Veera Babu got enrollment under Home Based Education. The mother intervened into IERT's teaching. She humbly requested IERT to teach English because he has already leant Telugu and also suggested to write English pronunciation in Telugu script, so that the child can learn English language too. The commitment, action oriented planning and intensive care of the parents helped Veera Babu to learn skills to cope up in the society.

<u>Case - 9</u>

Geddada Manikantha is an eight year old boy from Alamuru mandal head quarter. He has cerebral palsy with mental retardation. He looks like a four years old boy. He is a second child in two children family. His parents are working in a private firm. They had cross cousin marriage. He is an out of school student. He hails from caste 'Settibalija'.

Parents do not remember the actual cause of their son's problem. He was born normal. They only remember an injection given by a private doctor. It caused him severe fever. Their repeated trials to different doctors could not show any difference in Manikanta's intelligence. At the age 4, one doctor has suggested stopping all trials about the boy because the boy has slow cognitive growth and cannot be cured by any medicine. It needs to be developed along with age. It made the parents to stop their efforts and started caring the child in their capacity.

Manikata likes to play especially in Water. As his general intelligence is low, one of the family members is constantly, needed to dedicate their time to observe his movements. Otherwise it may turn to negative outcomes also. They had such experience earlier. One day he was playing near the cement and sand mixing point. Everyone was busy in house construction activities. The boy ate the cement. No one has observed it. As a result, his health was severely disturbed. The cement has affected to blood and he suddenly became fat and he had a problem in stomach. He was having frequent bowel movement. The frequency has no time. It is another job of his accompanies to clean him and surroundings. It was little uncomfortable situation if some relatives visit the house. Another problem is sleepless nights. He does not sleep at night and moves in the house. Hence, it is must for at least one family member to be with him without sleep. The grandmother is looking after him while parents.

The IERT visited house once in a month. The parents got the required documents and enrolled him in the special school. Due to frequent toilets, the teacher asked the parents to stop sending him to school. With this experience, they did not approach the school again; ultimately, the child's education is at stake. Parents strongly believe that

they are not interested in sending the boy to a special school. And more over, they say, they cannot live without their child. He is very much attached to his mother. They believe that nobody can care their child better than themselves. Nobody has been able to convince the parents about the future of the kid.

Manikantha's case reveals that the identification of the problem and cure are completely away from the parents' knowledge. They have not found any medical expert at least to give orientation to them. Hence, they cannot solve the medical problem; they cannot send their child to school. Whatever may be the reason, Manikantha's is deprived from the schooling.

Case study -10

Satyavada Naveen is a thirteen years old boy from Rameswaram Village in Pedapudi Mandal. His father is an agricultural labour and mother is a house wife. His parent's marriage was a cross-cousin marriage. Naveen is suffering with cerebral palsy. No one could identify the problem in Naveen till the completion of one year after his birth. Naveen's maternal grandfather identified a problem family immediately took the boy to a doctor in the nearest town Kakinada. The doctors clearly stated that the boy has slow brain growth. But the family did not lose the hope and started giving extra care. The society around them mentioned several times to leave hopes but the mother stood adamant and continued medication in the best possible way.

The problem in Naveen was identified as spastic triplegia. Only right hand was functioning and all other three parts (hand and both legs) were non functional. Doctors took an x-ray and said that Naveen will have a steady growth. He was unable to bear any kind of sounds. Even a small sound disturbed him and he is prone to seizures and bubbles on the body. But, in contrast, the doctor asked to make noise repeatedly near the boy so that he would be used to that sound. The technique has worked out and he could bear the sounds in the later days. He has another problem i.e., sudden falling down while walking. The head bulged out on his every slip. It happened several times. Some positive changes occurred as his seizures got reduced, leg got cured but not

hand. His appearance is like a small kid and he started speaking at him tenth age. He is orally active child to his surroundings. He was suffered by unrest in the family and he could not bear it even today.

He was admitted in a special school for some days and brought back. They thought of admitting him in a private school to give good education but the administration of the private school refused to give admission due to his disability. Since then, the family is sending the boy to government school in the village. He is regular to school and studying in third grade. He could not read or write anything but he writes something for himself every day as home work. No teacher in the school was taking special care of this boy. Naveen manages himself with one hand. The school is afraid to enroll such student in school because he/she cannot manage their things, and it would become a problem for them. The parents of Naveen are very happy for whatever he was doing. They say Naveen is training himself by understanding the things around him. They felt, it is much better than any other training they have seen.

The boy was also taken to regular physiotherapy for some days. They could not continue it because of their poverty. The case study reveals that the parents do not have proper knowledge regarding the suffering, Naveen is going through. Lack of knowledge regarding medical facilities, no school around their home, and no proper guidance is making them helpless to save Naveen from the stigma. Whatever the benefits they have achieved is because of their personal understanding than state trained orientation. The boy would have learned good skills if he was provided with appropriate supporting system.

Summing Up:

This chapter unveils a big gap between what is ought to be done and what is happening in rural areas of Andhra Pradesh. Though all the policy interventions are directed to bring sustainable changes in the lives of children with special needs, but still there is a strong necessity and need of commitment, responsibility, and proper supervision in framing the policies and implementation of the same. This chapter

raises the important issues to be considered while making the policies. The study exclusively projects that the parents are unaware of causes behind their children's disabilities; teachers insensitive in handling children with special needs and the notion of disability in total misunderstood by parents and teachers both. It also shows age old superstitions attached to cure disabilities concomitant of children living in self – claimed stigmas and unproductive comfort zone. Children by no choice are forced to live in de-valued status thus leading in formation of anti-disability structures in the society. The study also depicts that how the functional limitations in the body are misunderstood as mental problems and leading to the exclusion of children with disabilities. If this existing lacuna is not properly examined and addressed, then the state of special education would be in great dilemma.

At present, the impact of disability is tarnishing the very existence of the individuals with disabilities and their family members, as they are inclusively deprived from the medical, psychological and financial support systems. It is widely seen that the contemporary society is still attaching stigma to enthusiastic and potential students with disabilities. This chapter throws light on responsibilities to be undertaken in future by the state and respective civil societies; to respect and value the human rights of the persons with disabilities and provide them with quality education and facilities appropriate to their knowledge.

Chapter – VII

Conclusions

[*This chapter is an understanding of inclusive education with reference to special needs education and draws ample attention towards the complexities involved in the framework of policies; and implementation in relation to their multidimensionality factor. It chiefly focuses on the policy interventions initiated by the Government of India and their practice in the state of Andhra Pradesh. The role of state and society is critically viewed through policy dimension followed by few recommendations based on the empirical findings in order to strengthen the policies in existence with reference to special needs education.*]

Conceptual Understanding

The available literature clearly states that Inclusive Education can be understood as a philosophy, human right, shift in paradigm, accepting diversity, a responsibility, a motivation, building competencies, and a political strategy. To elaborate, Inclusive Education as a **Philosophy** understands the exclusive needs of children with disabilities such as educational, physical, psychological, social, technical and so on. The basic idea of Inclusive Education is to provide equal status to every child and their family, and to create opportunities and humanistic world around them. The expected results would not become true unless this philosophy is injected into the school system i.e., in both teachers and students.

Inclusive Education can be termed as a **Human Rights** issue because it promotes every child's right to learn and live happily together in the society. It creates a positive social sense and rules out all the illegitimate reasons for separation. Research has shown that Children with Special Needs [CWSN] can do better in academics as well as in other settings of social integration in an inclusive set up. It considers the children with disabilities as 'an inseparable part of general education system' and gives equal rights and social dignity while coping up with the rest of the society.

Inclusive Education as a **Shift in Paradigm** triggers the progress in the social structure. As a result, the emphasis on persons with disabilities has shifted from

exclusion to inclusion; the social attitude towards children with disabilities is oscillated from ignorance to awareness; and parents' perceptions shifted from feeling shame and burden to responsibility.

Inclusive Education orients **Accepting Diversity**. Earlier, the 'difference' in any person was not understood appropriately. The inappropriate understanding of the 'difference' in humans was labeled as disability. This notion on dis-ability made certain section of people to stay segregated from the society. Later, the disability movements and studies explored potential behind 'disability' and claimed it as 'difference' rather than inability. Hence, Inclusive Education is a process of educating and providing a space for 'difference' i.e., difference in understanding, teaching, learning, expression, execution etc. Thus, education needs to be provided in an appropriate environment, which includes principles of educational diversity, inclusive curriculum, strategies for managing a classroom, promoting positive social relationships, and support to the teachers to discuss the range of different needs and issues to encounter in an inclusive classroom.

Inclusive Education is a **Responsibility**. It draws the attention of each and everyone in the society. Every law or policy could be successful only when community gives its best support. Inclusive Education raises the level of community awareness to recognize and identify the capacities and potential of ever child around them. This process has shifted the whole responsibility from individual to environment. Invoking this responsibility by schools would realize the right to education and may begin to accommodate different socio-economic- cultural backgrounds of those children and their broader range of learning styles, behaviors, capabilities, and potentials in all sensory domains.

Inclusive Education promotes **Motivation**. The process—Inclusive Education—would be successful only when a teacher is highly skilled and motivated to the cause. There are sufficient research evidences to suggest that inclusion of even children with the most severe disabilities can work if schools have a culture of shared values and are

genuinely committed to improving their practice. Hence, education has to be provided in the best way possible.

Inclusive Education **Builds Competencies**. Inclusion embraces diversity, identifies the potentiality and enables the stakeholders in the process. It capacitates in building the competencies gradually in children with disabilities, teachers, administrators, etc. However, building competencies varies from person to person in general and in this case most probably within the school system. For instance, a school administrator may focus on the cost effectiveness of the proposed system while a teacher may focus on the ways and means of developing effective curriculum and instructional method; the peer group, on the other hand, will show an interest in accommodating the child with disabilities in the daily routine in school.

Inclusive Education is a **Political Strategy**. Inclusive education is sometimes seen as a tool of human rights and democratic principles that confront all forms of discrimination in the process of developing an inclusive society. It is to avoid negligence or ignorance in society. Inclusive Education will have a great significance because a child with disability is generally greeted with disappointment, frustration and anger in the society. The initial years of the children would have been spent either in medical shopping or neglected or in over protection. This extreme situation might have excluded the child from opportunity of love, nurture and simple childhood. It is important to ensure facilities to the children to lead comfortable life but that should not disable them to realise their potential. This social construction of exclusion which excludes these people   from the mainstream opportunities that normal child, generally, would expect such as normal schooling, and other opportunities to grow. Hence, it is a move towards re-creating the cultural value system with dignity and self respect.

Policy Understanding

Inclusive Education is one of the important aspects of Indian educational policy. Including children with special needs are seen as crucial element from the beginning.

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The essence spins around four indicators i.e., (1) Education in common schools (2) Equal Partnership in Learning (3) Special training to cope with mainstream learning and (4) Education in appropriate environment and learning. Indian Education Commission (64-66) states that the children with special needs are an inseparable part of general education system and needed to improve the adequate and necessary services. The scheme 'Integrated Education for Disabled Children' (1974) was intended to provide educational opportunities for children with disabilities in common schools. It was to facilitate integration and ultimate retention of children with disabilities in common school system. It means, schools should have educational aids and equipment, salaries for special teachers and facilities for children with disabilities.

'National Policy on Education' (1986-92) emphasized the need to provide education to children with motor handicaps and other mild disabilities in regular schools, whenever feasible. It extended by saying that children with special needs should be enrolled only in special schools. Children who are already in special schools could be permitted to join in regular schools as soon as they acquire reasonable levels of daily-living skills, communication and basic academic skills. It also emphasized the need to restructure primary teacher training programs to prepare teachers to deal with children with disabilities. It has made a clear distinction between inclusive education and special education regarding children with special needs. Similarly, 'District Primary Education Program' (1994) was aimed to reduce the overall dropout rate of all students enrolled in primary classes, to raise their achievements levels and to provide primary education for all children, including children with disabilities.

Persons With Disabilities Act, 1995 ensured that every child with a disability should have access to free education in an appropriate environment till he/ she attains the age of 18. It is to promote integration of students with disabilities in the normal schools, to promote and set up special schools in government and private sector so that children with disabilities will be a part of general schools, to endeavour to equip special schools with vocational training facilities. Sarva Shiksha Abhiyan (2002) ensured that every child with special needs, irrespective of the kind, category and degree of

disability, should be provided with meaningful and quality education. Finally, National Policy for Persons with Disabilities (2006) considered PWD as the valuable human resource for the country. It has focused on creating an environment to provide equal opportunities, protection of their rights and full participation in society for the PWDs.

Empirical Understanding

The basic objectives of the study are: to study the Special Needs Education programs in Andhra Pradesh, to understand and analyse Inclusive Education with reference to Children With Special Needs (CWSN), to find the complexities in implementing Special Needs Education, and a Critique on Special Needs Education in Andhra Pradesh.

(A) Methodology

The present study is conducted with the help of both primary and secondary sources to understand theoretical and empirical aspects of the study. The field study primarily depended on personal interviews with children with special needs, their parents, teachers and Inclusive Education Resource Teachers. The purpose of the interviews was to know socio-economic backgrounds of children with special needs and their families, society's perception on disability and special needs, to find out accessible environments in schools, and to identify further requirements with reference to special needs education. The field study was conducted in 13 villages in four Mandals in East Godavari district of Andhra Pradesh. The selection of Mandals is made on the basis of their performance in implementing inclusive education programs with reference to children with special needs. The identification of the respondents is made through simple random sampling and snowball sampling. The total number of respondents considered for the study was 90 children with special needs, their parents, nine teachers, three Inclusive Education Resource Teachers and one Community Mobilisation officer.

(B) Methods suggested by SSA

Children with special needs are not a homogeneous group. Their needs differ from person to person based on type of disability. They are (a) Visually Impaired students, need magnifying glasses, books with big letters, optical device, non-optical device, and electronic device (in case of partial visual impairment), walking sticks, Braille scripts, audio sets, and computer with appropriate software. (b) Hearing Impaired children needs a Hearing Machine, Tape Recorder, Television, and other materials like real objects, charts, flash cards with colours, pictures, talking toys and different objects to make different subjects. (c) Learning disabled children need embossed charts and embossed textures, Optical Device, Tape Recorder, Braille slates, Abacus, Magnifying Glass, Large Print Books, real objects and concrete materials. (d) Mentally Retarded children needed Teddy Rings, Peg Boards, Flash Boards, Charts, Flash Cards, Puzzles, concrete materials. (e) Cerebral Palsy children needed Wheel Chairs, Ramps, Escort, and adoptive materials like Pencil with gripper and adoptive spoon. (f) Orthopedic Impaired children needs Wheel Chair, Ramp, Escorts and structurally accepted environment. Apart from the above said physical provisions, they also need specially trained teachers, special teaching methodology and understanding approach.

(C) Composition

The study has found four major categories of disabilities i.e., Visual Impairment, Hearing Impairment, Orthopedic Impairment, and Mentally Retarded. The mentally retarded further includes Cerebral Palsy (CP), Cerebral Palsy with Othopedic Impairment (CPOH), and Cerebral Palsy with Mental Retardedness (CPMR). The study identified that, half of the respondents belonged to the mentally retarded category. The age composition of children with special needs ranges from 5 to 20 years. The highest percentage of respondents is from 11-15 age groups which is 3/4th of the sample. Regarding caste composition of respondents, 40 percent of them are from Backward Categories, 18.9 percent are from Scheduled Caste and 3.3 percent are from Scheduled Tribe and 37.8 percent are from Other Categories.

(D) Findings

According to the study, the major problem in inclusive education is lack of parental awareness. Awareness plays an important role in executing any designed action. The present study reveals that the awareness on inclusive education with reference to special education is inadequate. Due to the substandard knowledge on disability issues and its consequences, the problems in inclusive education have increased. One of the primary aspects in special education is early identification and detention from school. This has not been properly done by parents, teachers and local level medical departments. Further, the facilities and awareness regarding physiotherapy and counseling was not propagandized in the society. Hence, the need of the hour is to build awareness on the above mentioned areas that would enhance the condition of children with special needs in the learning process at school level. As part of it, Information, Education, Communication (IEC) material such as documentary screening, audio-visual support, distributing booklets and pamphlets, etc need to handover to all the categories of people that belong to the sample of the study. The medical staff in the primary health center and Anganwadi teachers in the location would need take the responsibility during the natal and pre-natal phases. Support from the teachers and local administrative officials in creating awareness in the society would also ensure in bringing the change.

It is been widely observed that shortage of awareness and improper knowledge of available medical facilities is causing heavy loss to children and parents. Secondly, the ignorance and the dogmatic knowledge of parents and caretakers on local medical knowledge is causing loss of money, energy and hope concomitant to delay in cure. Many a times these delays affect the child permanently with disabilities. In some instances, strangers take the advantage of parental ignorance, and cheat them with fake promises of a speedy recovery of the child. It is the challenge to bring parents out of their innocence and sensitize them on scientific medicines. Meticulous contemplation of empirical reality and appropriate planning and implementation of plan of action would yield in effectively preventing the child to fall prey to disability as result of parental ignorance. The most important aspect of special needs education

is to create awareness on special needs. One should recognize that special need is part of human rights. It is a multi-level and inter-dependent task. Awareness on special needs remains incommensurate to the present society.

The major drawback is ignorance of the parents to identify children's abilities and lack of knowledge regarding training centers. The study discovered that 43.3 percent children, have listening problem. It is observed that the treatment towards deaf and dumb is with sympathy. Some parents fail to recognize their child's skills. Some children, though deaf, manage their daily activities with their visional abilities; but they cannot respond to happenings behind their back/ rear. Parents are unaware of their children's problems in listening. They think that the child can listen from the front and not from behind. In fact, it is not the listening ability from front side, but an alternative skill developed by the child. In this study, 63.3 percent children have a problem with speech. Parents are ignorant enough in recognizing disabilities in their children. They believe in superstitions and expect children to start speaking as they grow up. Another common belief is that age solves many problems. But, when the child does not speak after a certain age, the child is considered dumb. In most cases, parents do not know that early identification of such problems can be rectified through speech therapy and sign language. Similarly, the study found that 37.8 percent have problems with mobility. Parents are also unaware of the facilities provided by the government for the development of such children. Sometimes, parents can identify the mobility issues of the children, but, most of the times they fail in getting their treatment done. It may be due to financial constraints , lack of knowledge in and about training centers, long distance between their home and hospital and unaware of the facilities available to treat their children. From the study, it reveals that 73.3 percent children have a problem with writing, 42.2 percent have a problem with bathing, and 52.2 percent have a problem with clothing. These three mentioned categories are due to motor impairments, mental retardedness, and cerebral palsy. Parents of these children do not have any idea about the causes or the consequences of the problem that their children are facing. Hence, creating awareness among teachers and parents

on the benefits of special needs education expected to bring hope in the society that everyone can enjoy their rights.

Another important aspect by which parents deny medical treatment to children with disabilities is faith in God. They go on pilgrimage along with their sick children with a hope of healing. Hence, it is important to instill and internalize the scientific advancements in the field of medicine, so that children with special needs benefit at the maximum level.

Existing programs and its implementations proved that they have not reached the targeted sections as desired. The dearth awareness on special needs education, inclusive education, benefits of education, medical facilities, pre- and post-natal care availability of rehabilitation centers and rights of the special needs children are seemingly hindrance to the success of the programs. Due to the deficient multi-level unawareness campaigns, the purpose of education is downplayed and children with special needs are kept at bay from education. Social stigma and inter-group marriages are also playing important role.

The researcher of the study felt the need for a high-level convergence of different departments to transform the lives of children with special needs. As said earlier, Inclusive Education is a multi-dimensional process in understanding; it needs a collaborative support from departments of health, education, women and child, the local governments, and community mobilization in the villages in order to address the issues of special needs education.

Another important dimension in inclusive education process is safety and security. Parents are worried about their child's safety in schools. The reasons for this apprehension according to parents are (1) child's incapacity to handle the society, (2) society's inferior notions on disability and (3) attainment of puberty in the case of the girl child. They prefer not to send children out of their home. This position of the parents' alerts on the perception the society has about the weaker sections. It is

important to bring them out of this phobia; the state should create a safety environment for special needs children and their parents.

The practice of early marriage also creates hurdle in inclusive education. Parents feel that marriage is important than the child's cure. To avoid exposing the disabilities of the child to the society, they deny medication for the child and refuse to be enrolled in any government records. It is important to break the notion of marriage and concentrate on curing the child.

The awareness programs should also address social stigma associated with disabilities. Parents do not take special needs children to social gatherings part of socialisation, and there are instance where some fathers do not care for the child. It leads to humiliation and isolation of the child. The study says that 43.3 percent of children are restricted from moving out of the home and 3.3 percent of parents are embarrassed to take them to social gatherings. The stigma also extends to schools and colleges, and teachers humiliate them. As a result, special needs children are forced out of the education process. The study says that 20 percent of the children are rejected by teachers in the school, 2.2 percent children revealed that they don't go to school and 1.1 percent of the children are recommended to go to special schools.

(E) IERT: Minimal impact

The study found that the Inclusive Education Resource Centre (IERT) is one of most important part of the inclusive education with reference to children with special needs. It is a home based education where teacher visits the children at their homes and teaches. The IERTs impact can be understood in three areas. They are (1) children's learning process (2) parents awareness and (3) teachers concern. The children's learning process is not successful as mentioned in the policy. Among the whole sample, only 34.4 percent of children have got an opportunity to avail Home Based Education and around 64.4 percent of the children neither have any idea about Home Based Education (HBE) nor about Inclusive Education Resource Teacher. Among the Home Based Educated children 23.3 percent are satisfied with HBE and 11.1 percent

are dissatisfied with the outcome of children's education. In each Mandal, only one IERT is appointed and he/she has to mainstream 15 children with special needs in a span of 10 months. The time they spend with the children is very less. Hence, there was not much difference in the children before and after the HBE. Secondly, the HBE is also aimed at providing counseling and awareness to parents of children with special needs, so that their care and concern would be enhanced scientifically. In fact, it could not impact any parent. Parents could not understand the thrust of education in general and HBE in particular. Hence, their support to IERT is also lower than the expected level. As a whole, only 8.9 percent parents have been counseled by IERTs, which would enhance their knowledge to care for their children's special needs. Finally, the IERT is supposed to visit few schools on monthly intervals. This visit is intended to provide follow-up support to mainstreamed children form HBE and to support general teachers to make them understand the purpose of children with special needs. Neither the general teacher received suggestions for him nor IERT contacted them. And, the study shows that the IERTs have different opinion on disabilities. Some of them consider it as problem from birth, for some it as social discrimination and for some other it as physical problem but everyone said poverty attribution is the root cause of disability.

The pressure on IERT is huge. Visiting 15 children in different homes, at different times is very difficult for them. Further, IERTs have no job security, have low level status compared to general teachers, and did not get adequate support from government officials.

Parents do lack seriousness towards education and neglect their children.. Hence, it is important to increase the number of IERTs in each Mandal to cater to the requirement of special needs children. It is also important to start an elementary special education day-school at the Mandal level to teach basic skills and include them in high school. The IERTs should also have the freedom to practice their own methods of education. It is obvious that they expect social status on par with regular teachers.

(F) Educational Placement: A task to be

The motto of the Indian education policy is to provide education to each and every child irrespective of caste, creed, religion, sex and disability. Inclusive Education with reference to special needs education is supposed to provide maximum accessibility to children with special needs. Educational placement can be understood through (1) maximum educational placement (2) accessibility in teaching (3) acceptance by teachers and (4) common syllabus to teach the different categories. The study came out with a finding that around half of the children are interested in schooling but only 20 percent are currently enrolled in schools and 12.2 percent are drop outs for different reasons. Among the few children enrolled in school, 31 percent have reading skills, 27.6 percent have writing skills, 6.9 percent have listening skills, and rest of them visit schools without gaining any learning abilities. It reveals that the common school system of education has failed to incorporate children with special needs.

A basic reason for less enrollment and drop out of children with special needs is non-availability of untrained teachers. As a result, these children visit school without any purpose and finally remain drop out of school. As most of the children could not mingle with other peer group they found no use of going to school. Hence they prefer to stay back at home. The untrained, teachers in general schools think that the time given to a special child is a loss to other students in the class. This argument further substantiates with the 10.3 percent of students having confessed that their school is inaccessible and available schools do not have a resource room facilities. The study unearths the fact that the general teachers do not have clear ideas on many aspects of their respective job. While responding to the best teacher aspect of the study, student ratio, 33.3 percent of the teachers opines 1:25 as the best ratio, where as 44.4 percent teachers says 1:30 and 22.2 percent teachers is say, it is 1:40. The teaching methodology they follow is Learning Enhancement Program (LEP) by 77.8 percent of teachers and 22.2 percent of teachers follow their own methods. Following LEP would give maximum understanding of every child's abilities and disabilities. But the study shows 33.3 percent of the teachers follow SSA style, and 44.4 percent teachers follow their own Strategy. Hence, it is understood that 66.6 percent of the teachers are not

following LEP to identify children's disabilities. Hence, teachers should be given orientation to identify disabilities in children.

With regard to understanding the teacher's perception on disability the study shows that, 22.2 percent considers that it as a problem, 55.6 percent considers it as God's creation, and 22.2 percent consider it as a physical problem. It shows that majority of the teachers do not have proper understanding on disability which in turn hinders the progress of inclusive education. Their perception on disability has an impact on time they spend on children with special needs. 77.8 percent of teachers say that they spend only free time with children with special needs, and 22.2 percent of the teachers say that they have no time to spare. The reasons for not spending time with special needs children are lack of awareness on inclusive education, CWSN programs, and the difficulties they face while teaching children with special needs. 77.8 percent of the teachers do not know anything about inclusive education and 22.2 percent of teacher's could not give clear description; similarly, none of the teachers was aware of programs related to special needs education. In addition to this, 77.8 percent of the teachers said that they never got orientation from any Inclusive Education Resource Teacher and 22.2 percent of the teachers accepted that they have received suggestions to deal with mainstreamed children from Home Based Education only for a short period. With these limitations, general teachers are trying to create conducive atmosphere among CWSN and other children depend on their understanding of disability. The study shows that, 33.3 percent of teachers create friendships by explaining the difference, 22.2 percent of the teachers teach humanity to peer groups and 44.4 percent of the teachers are creating sympathy to accept children with disabilities in the school. Considering these revelations, it may be important to train every teacher in special education so that there would be no need of special educator and every teacher could understand every student's needs in class.

(G) Aids and Appliances: Replacing confidence

Educational aids and appliances can give the confidence to the children affected with impairments. They include Braille kits, hearing machines, crutches and wheel chairs, etc. Though the district records mentioned that thousands of aids and appliances were distributed to children with special needs in the villages, but on the ground it was found none of the children selected in the sample had received these aids. It implies that distribution is limited to only few members. The study highlights the need for increasing the number of accessories to cater the needs of these children.

(H) Architectural Barriers: Never understood

Inclusive Education cannot be successful as long as the physical structures of the school building are not made accessible to students with motor impairment. It must be made compulsory that every school need should have ramps and railings which enable the disabled children to access the buildings. The surface must be accessible to walk and wheel friendly. This accessibility is an encouragement to children with motor impairments to join school. The study did not find any ramp constructed for the purpose of children with special needs. It also shows that 20.7 percent from school enrolled have problems with infrastructure and another 20.7 percent drop-out of schools due to such problems. Few ramps in Mandapeta are constructed during elections and Alamuru, Chintaluru, Gorripudi, Penuguduru, and Velangi did not have ramps because their floor is very low from the ground. It was learnt from the Community Mobilisation Officer that schools construct ramps because funds are released for construction, but they are unaware of their purposes. In some cases, the fund was returned because they do not need a ramp because their building height was low. Hence, it is very important to create a perception on the architectural barriers. Every school has toilet facilities separately for boys and girls, and equipped with sufficient water, but they remained closed because of poor maintenance.

(I) Invisible Factors

Poverty: Champion of the cause

Poverty apparently the major factor behind the special needs children. It has a multi-dimensional impact on their lives. The internal and external factors of poverty have impacted on parents' thoughts and restricted them to think within their economic capacities. It has affected all other parts of life. The maximum number of families is living with minimum amount of annual income. Though the income ranges between Rs.10,000 to Rs.60,000/- in the sample, but 57.8 percent of the families are living with only Rs.10,000-15,000/- annual income. The study says that more than half of the children with special needs would be better if physiotherapy is given. Around 40 percent of the families could not afford of it, 10 percent families could give for few days, and 2.2 percent of the families only could continue. Hence, there is a need for providing regular work, supply of nutritious food, regular medical visits, and conducting consistent survey by teachers, and Anganwadis, so that the frequency of the issue can be estimated in time.

Culture Change: System Change

Disability is not an individual issue. This society labels them as unproductive and stigmatises with persons with disabilities. The value given to disability is unproductive and stigma. These factors hamper the growth of children with special needs. They feel devalued, ignored, misinterpreted, under represented and set in particular design in which they cannot think and act beyond their social setup. Society has to think about their wellbeing. There is an urgent need for assessing the abilities of children with disabilities from their childhood. If it so, the results can be very encouraging and can contribute to the society. The study shows that 64.4 percent of the children are interested to play but only 6.6 percent of children got an opportunity to play. Inclusive education emphasizes on learning through play as a successful method. Apart from creating awareness, implementing the solution mentioned in the earlier chapter would change the conventional understanding of disability and education and move to new cultural aspects of inclusive education. This new approach

would transform the lives of children with special needs into a better form of learning skills.

It can be concluded by saying that until and unless we cultivate a favorable culture, no policy or program designed for children with special needs can give estimated results. 'The way of life" as explained by Raymond Williams (1981) , needs to be explored to see transformation. Thus, disability does not affect only the individual, but impacts the whole community rather. The cost of excluding people with disabilities from taking an active part in community life is high and has to be borne by society, particularly those who take on the burden of care. This exclusion often leads to loss in productivity and human potential [DFID, Feb; 2000]. Education is an important area of acquiring knowledge and exclusion in this area results in the under-development of the whole society. That is, the society has to focus on expanding the scope of the educational system. The whole inclusive education process is about breaking barriers, on-going search to respond to diversity, and equal participation of all students within the mainstream education system. To achieve this, education system should be more flexible and accommodating without losing quality. It means that all the support required by children should be made available in every school. It also implies to capacity building of teachers, parents, and communities to negotiate with the education system and governments to develop policies wherein inclusion is perceived as vital element of the education system [Confluence; SSA].

The special needs education in Andhra Pradesh has high aims in creating an inclusive society with reference to children with disabilities. The intended inclusiveness is not completely seen in the empirical study. The reasons are social, economical and cultural in understanding of the special needs of children with reference to education. The efforts of the state government are not enough in providing appropriate education. The structural changes are needed both at teaching methodology and valuing the child. The multilevel convergence of different departments related to children could be a big hope to empower the child both in terms of education and health.

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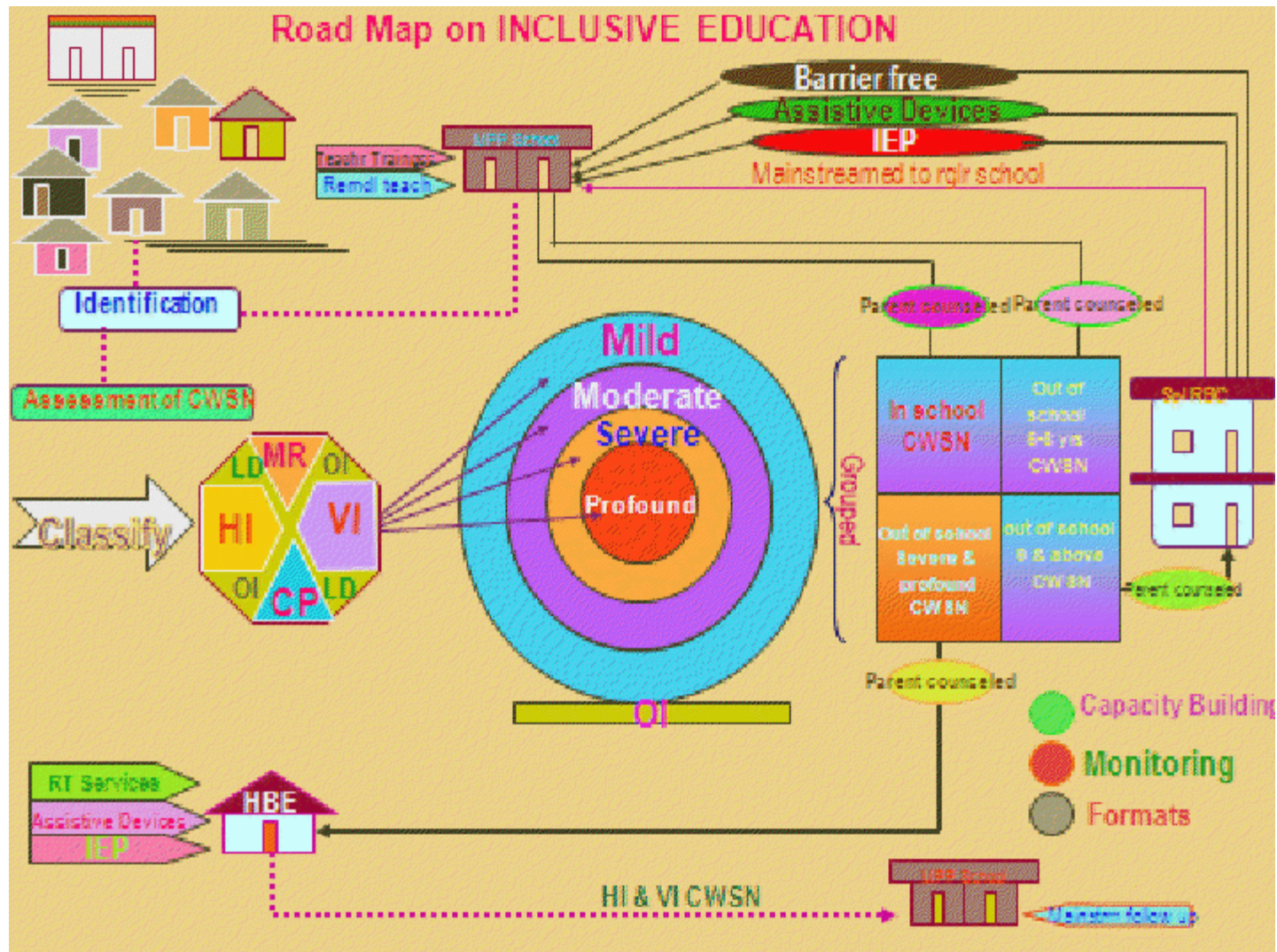
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